

Appendix B: Sample Sliding Fee Discount Application

Inner Journey Healing Arts Center-Outpatient

Sliding Fee Discount Information

It is the policy of Inner Journey Healing Arts Center to provide essential services regardless of the patient's ability to pay. Inner Journey offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

Appendix A: Two Sample Sliding Fee Schedules

Sliding Fee Schedule (SFS) Example One

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$5)	20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,490	\$12,491-\$15,613	\$15,614-\$18,735	\$18,736-\$21,858	\$21,859-\$24,980	\$24,981+
2	0-\$16,910	\$16,911-\$21,138	\$21,139-\$25,365	\$25,366-\$29,593	\$29,594-\$33,820	\$33,821+
3	0-\$21,330	\$21,331-\$26,663	\$26,664-\$31,995	\$31,996-\$37,328	\$37,329-\$42,660	\$42,661+
4	0-\$25,750	\$25,751-\$32,188	\$32,189-\$38,625	\$38,626-\$45,063	\$45,064-\$51,500	\$51,501+
5	0-\$30,170	\$30,171-\$37,713	\$37,714-\$45,255	\$45,256-\$52,798	\$52,799-\$60,340	\$60,341+
6	0-\$34,590	\$34,591-\$43,238	\$43,239-\$51,885	\$51,886-\$60,533	\$60,534-\$69,180	\$69,181+
7	0-\$39,010	\$39,011-\$48,763	\$48,764-\$58,515	\$58,516-\$68,268	\$68,269-\$78,020	\$78,021+
8	0-\$43,430	\$43,431-\$54,288	\$54,289-\$65,145	\$65,146-\$76,003	\$76,004-\$86,860	\$86,861+
For each additional person, add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,840

*Based on [2019 Federal Poverty Guidelines](#) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines



Sliding Fee Schedule (SFS) Example Two

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200 %
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	12,490	13,739	14,988	16,237	17,486	18,735	19,984	21,233	22,482	23,731	24,980	24,981 +
2	16,910	18,601	20,292	21,983	23,674	25,365	27,056	28,747	30,438	32,129	33,820	33,821 +
3	21,330	23,463	25,596	27,729	29,862	31,995	34,128	36,261	38,394	40,527	42,660	42,661 +
4	25,750	28,325	30,900	33,475	36,050	38,625	41,200	43,775	46,350	48,925	51,500	51,501 +
5	30,170	33,187	36,204	39,221	42,238	45,255	48,272	51,289	54,306	57,323	60,340	60,341 +
6	34,590	38,049	41,508	44,967	48,426	51,885	55,344	58,803	62,262	65,721	69,180	69,181 +
7	39,010	42,911	46,812	50,713	54,614	58,515	62,416	66,317	70,217	74,119	78,020	78,021 +
8	43,430	47,773	52,116	56,459	60,802	65,145	69,488	73,831	78,174	82,517	86,860	86,861 +
For each additional person, add	4,420	4,862	5,304	5,746	6,188	6,630	7,072	7,514	7,956	8,398	8,840	8,840

* Based on [2019 Federal Poverty Guidelines](#).

