

Jamestown Psychiatric, P.C. Sliding Fee Discount Program Policy

Effective Date: 09/11/2017 Revised 5/15/2022

Policy: Jamestown Psychiatric, P.C.'s mission is to provide mental health treatments to all those in need, regardless of ability to pay, age, color, disability status, employment status, marital status, national origin, race, religion, or sexual orientation, (gender identity). This Sliding Fee Discount Program (SFDP) policy is provided to offer discounted or free care to those who qualify for assistance in treatment payment according to the Federal Poverty Guidelines Standards (FPGS) set forth by the U.S. Department of Health and Human Services Health Resources and Services Administration. The Federal Poverty Eligibility Guidelines are updated annually.

1. Process for Completing the SFDP Application – Requests may be made by the client, client's family members, therapist, provider, or any other person aware of the existing financial hardship. Jamestown Psychiatric, P.C. may be reached in person, by telephone (716) 526-4041, email at info.psychwebmd.com or through the website, www.jamestown.psychwebmd.com.

The client / responsible party must complete a standard Sliding Fee Discount Program Application in its entirety. Staff is available, as needed, to assist with the application upon request. A signature is required by the client / responsible party confirming their income is as disclosed on the SFDP application.

2. Eligibility Verification Process – Discounts will be based on income and family size only.
 - Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together in one household are considered as members of one family. Jamestown Psychiatric, P.C. will also accept non-related household members who are the financial responsibility of the householder responsible for the client when calculating the family size.
 - Income includes - gross wages; salaries; tips; income from business and self-employment; unemployment compensation; worker's compensation; Social Security Benefits; Supplemental Social Security Income; veteran's benefits; survivor's benefits; pension; retirement income; interest & dividends; royalties; income from rental properties; estates & trusts; alimony & child support; governmental benefits; and any other assistance / income from outside the household; and other miscellaneous sources.
 - Applicants may provide one of the following for each contributing family member:
 - The prior year's W-2 or Form 4506-T (if a W-2 was not filed)
 - Three most recent paystubs
 - Letter from Employer
 - Self-employed individuals will be required to submit a detailed explanation of income for the past three months and expenses for the business.
 - Self-declaration of income may be used along with a notarized statement of Income.
3. Discount Determination – Those with incomes at or below 100% of poverty will receive a full 100 % discount for health care services from Jamestown Psychiatric, P.C. Those with incomes above 100 % of poverty, but at or below 200 % of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The SFS will be updated annually according to the standards of the Federal Poverty

Standard Guidelines. Clients with incomes above 100% of poverty, but at or below 200 % poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income.

4. Applicant notification - The Sliding Fee Discount Program determination will be provided to the applicant in writing and will include the percentage of Sliding Fee Discount program write off, or, if applicable, the reason for denial.
5. Payment arrangements – If the client is approved for less than 100 % discount or denied of any discount, payment arrangements will be established between Jamestown Psychiatric, P.C. and the client in accordance with the client’s abilities to pay and on a regularly scheduled basis.
6. Reapplication of the SFDP – Sliding Fee Discount Program will cover the client’s outstanding balance for the previous six months prior to the application date and any balance incurred within 12 months of the approval application date unless their financial situation changes. The applicant has the option to reapply after the 12-month approval period has expired, it will not automatically renew.

SLIDING FEE DISCOUNT SCHEDULE 2022

*Based on the 2022 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.

Poverty Level	<u>100%</u>	<u>110%</u>	<u>120%</u>	<u>130%</u>	<u>140%</u>	<u>150%</u>	<u>160%</u>	<u>170%</u>	<u>180%</u>	<u>190%</u>	<u>200%</u>
Family Size	Discount 100% OFF	Discount 90% OFF	Discount 80% OFF	Discount 70% OFF	Discount 60% OFF	Discount 50% OFF	Discount 40% OFF	Discount 30% OFF	Discount 20% OFF	Discount 10% OFF	Discount 0% OFF
1	\$13,590	\$14,949	\$16,308	\$17,667	\$19,026	\$20,385	\$21,744	\$23,103	\$24,462	\$25,821	\$27,181+
2	\$18,310	\$20,141	\$21,972	\$23,803	\$25,634	\$27,465	\$29,296	\$31,127	\$32,958	\$34,789	\$36,321+
3	\$23,030	\$25,333	\$27,363	\$29,939	\$32,242	\$34,545	\$36,848	\$39,151	\$41,454	\$43,757	\$46,061+
4	\$27,750	\$30,525	\$33,300	\$36,075	\$38,850	\$41,625	\$44,400	\$47,151	\$49,950	\$52,725	\$55,501+
5	\$32,470	\$35,717	\$38,964	\$42,211	\$45,458	\$48,705	\$51,952	\$55,199	\$58,446	\$61,693	\$64,941+
6	\$37,190	\$40,909	\$44,628	\$48,347	\$52,066	\$55,785	\$59,504	\$63,223	\$66,942	\$70,661	\$74,381+
7	\$41,910	\$46,101	\$50,292	\$54,483	\$58,674	\$62,865	\$67,056	\$71,247	\$75,438	\$79,629	\$83,821+
8	\$46,630	\$51,293	\$55,956	\$60,619	\$65,282	\$69,945	\$74,608	\$79,271	\$83,934	\$88,597	\$93,261+
For each additional member	\$4,720	\$5,192	\$5,664	\$6,136	\$6,608	\$7,080	\$7,552	\$8,024	\$8,496	\$8,968	\$9,440+

Jamestown Psychiatric, P.C. Sliding Fee Discount Program Policy

APPLICATION

It is the policy of Jamestown Psychiatric, P.C. to provide essential services regardless of the client's ability to pay. Jamestown Psychiatric, P.C. offers discounts based on family size and annual income.

Please complete the following information and return to the office to determine if you or family members are eligible for a sliding fee discount.

The discount will apply to all essential services received through this office, but will not cover No-show fees, returned check fees and not for those services or equipment purchased from outside, including counseling and therapeutic services, reference laboratory testing, medications, radiology services & interpretation by a consulting radiologist, and other such services. You must complete this application every 12 months or if your financial situation changes.

DATE OF APPLICATION:	
CLIENT NAME:	
STREET ADDRESS:	
CITY, STATE AND ZIP CODE:	
CONTACT NUMBER:	
LIST ALL HOUSEHOLD MEMBERS, INCLUDING THOSE UNDER 18:	Household member is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together in one household are considered as members of one family. Jamestown Psychiatric, P.C. will also accept non-related household members who are the financial responsibility of the householder responsible for the client when calculating the family size.
NAME & DATE OF BIRTH:	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

Jamestown Psychiatric, P.C. Sliding Fee Discount Program Policy

APPLICATION (PAGE 2)

CLIENT NAME:		
LIST ALL INCOME SOURCES:	Income includes - gross wages; salaries; tips; income from business and self-employment; unemployment compensation; worker's compensation; Social Security Benefits; Supplemental Social Security Income; veteran's benefits; survivor's benefits; pension; retirement income; interest & dividends; royalties; income from rental properties; estates & trusts; alimony & child support; governmental benefits; and any other assistance / income from outside the household; and other miscellaneous sources.	
SOURCE OF INCOME:	AMOUNT FROM CLIENT	AMOUNT FROM OTHER HOUSEHOLD MEMBERS
GROSS WAGES, SALARIES, TIPS, ETC.		
INCOME FROM BUSINESS AND SELF-EMPLOYMENT		
UNEMPLOYMENT COMPENSATION, WORKER'S COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, VETERAN'S BENEFITS, SURVIVOR BENEFITS, PENSION OR RETIREMENT FUNDS		
INTEREST: DIVIDENDS, ROYALTIES, RENTAL PROPERTY, ESTATES, TRUSTS, ALIMONY, CHILD SUPPORT, AND OTHER MISC. SOURCES		
TOTAL AMOUNT		

I certify that the family / household size and financial income information I have listed above is accurate and complete. I will provide the following as proof of income: The prior year's W-2 or Form 4506-T (if a W-2 was not filed), Three most recent paystubs, and / or Letter from Employer.

Self-employed individuals will be required to submit a detailed explanation of income for the past three months and expenses for the business on a separate sheet of paper, along with a self-declaration of income statement and it will be required to be notarized.

Date & Signature of Client: _____

Printed Name: _____

If Self-employed: (Attach the detailed explanation and self-declaration of Income)

Date & Notary's Signature: _____

Printed Name: _____

APPLICATION (PAGE 3)
OFFICE USE ONLY

SLIDING FEE DISCOUNT SCHEDULE 2022

*Based on the 2022 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%
Family Size	Discount 100% OFF	Discount 90% OFF	Discount 80% OFF	Discount 70% OFF	Discount 60% OFF	Discount 50% OFF	Discount 40% OFF	Discount 30% OFF	Discount 20% OFF	Discount 10% OFF	Discount 0% OFF
1	\$13,590	\$14,949	\$16,308	\$17,667	\$19,026	\$20,385	\$21,744	\$23,103	\$24,462	\$25,821	\$27,181+
2	\$18,310	\$20,141	\$21,972	\$23,803	\$25,634	\$27,465	\$29,296	\$31,127	\$32,958	\$34,789	\$36,321+
3	\$23,030	\$25,333	\$27,363	\$29,939	\$32,242	\$34,545	\$36,848	\$39,151	\$41,454	\$43,757	\$46,061+
4	\$27,750	\$30,525	\$33,300	\$36,075	\$38,850	\$41,625	\$44,400	\$47,151	\$49,950	\$52,725	\$55,501+
5	\$32,470	\$35,717	\$38,964	\$42,211	\$45,458	\$48,705	\$51,952	\$55,199	\$58,446	\$61,693	\$64,941+
6	\$37,190	\$40,909	\$44,628	\$48,347	\$52,066	\$55,785	\$59,504	\$63,223	\$66,942	\$70,661	\$74,381+
7	\$41,910	\$46,101	\$50,292	\$54,483	\$58,674	\$62,865	\$67,056	\$71,247	\$75,438	\$79,629	\$83,821+
8	\$46,630	\$51,293	\$55,956	\$60,619	\$65,282	\$69,945	\$74,608	\$79,271	\$83,934	\$88,597	\$93,261+
For each additional member	\$4,720	\$5,192	\$5,664	\$6,136	\$6,608	\$7,080	\$7,552	\$8,024	\$8,496	\$8,968	\$9,440+

CLIENT NAME:	
DATE OF REVIEW:	
DETERMINATION:	CIRCLE ONE: APPROVED or DENIED
DISCOUNT AMOUNT:	
DATE OF DETERMINATION:	
REVIEWER'S NAME:	
VERIFICATION DOCUMENTS:	
IDENTIFICATION / ADDRESS: DRIVER'S LICENSE, UTILITY BILL, EMPLOYMENT ID, OR OTHER:	DOCUMENT & ATTACH SOURCE FOR ID
INCOME IDENTIFICATION SOURCE:	
The prior year's W-2 or Form 506-T (if a W-2 was not filed), Three most recent paystubs, and / or Letter from Employer. If self-employed	DOCUMENT & ATTACH SOURCE FOR INCOME