

## Sally Kraynik NP LLC: Sliding Fee Discount Schedule Telemedicine Video & Other Outpatient Visits

### Income Per Year

Household/ Family Size	100%	200%	300%	> 300%
1	\$15,650	\$31,300	\$46,950	> \$46,950
2	\$21,150	\$42,300	\$63,450	> \$63,450
3	\$26,650	\$53,300	\$79,950	> \$79,950
4	\$32,150	\$64,300	\$96,450	> \$96,450
5	\$37,650	\$75,300	\$112,950	> \$112,950
6	\$43,150	\$86,300	\$129,450	> \$129,450
7	\$48,650	\$97,300	\$145,950	> \$145,950
8	\$54,150	\$108,300	\$162,450	> \$162,450
9	\$59,650	\$119,300	\$178,950	> \$178,950
10	\$65,150	\$130,300	\$195,450	> \$195,450
11	\$70,650	\$141,300	\$211,950	> \$211,950
12	\$76,150	\$152,300	\$228,450	> \$228,450
13	\$81,650	\$163,300	\$244,950	> \$244,950
14	\$87,150	\$174,300	\$261,450	> \$261,450
<b>MAXIMUM Fee</b>	<b>\$0</b>	<b>\$20</b>	<b>\$30</b>	<b>\$22 - \$208+</b> (based on NP time)

### Income Per Month

Household/ Family Size	100%	200%	300%	> 300%
1	\$1,304	\$2,608	\$3,913	> \$3,913
2	\$1,763	\$3,525	\$5,288	> \$5,288
3	\$2,221	\$4,442	\$6,663	> \$6,663
4	\$2,679	\$5,358	\$8,038	> \$8,038
5	\$3,138	\$6,275	\$9,413	> \$9,413
6	\$3,596	\$7,192	\$10,788	> \$10,788
7	\$4,054	\$8,108	\$12,163	> \$12,163
8	\$4,513	\$9,025	\$13,538	> \$13,538
9	\$4,971	\$9,942	\$14,913	> \$14,913
10	\$5,429	\$10,858	\$16,288	> \$16,288
11	\$5,888	\$11,775	\$17,663	> \$17,663
12	\$6,346	\$12,692	\$19,038	> \$19,038
13	\$6,804	\$13,608	\$20,413	> \$20,413
14	\$7,263	\$14,525	\$21,788	> \$21,788
<b>MAXIMUM Fee</b>	<b>\$0</b>	<b>\$20</b>	<b>\$30</b>	<b>\$22 - \$208+</b> (based on NP time)

**For patients with MEDICAID insurance, ALL out-of-pocket costs are waived**

**Sally Kraynik NP LLC: Sliding Fee Discount Schedule  
Patient Portal Messages & Other Communication**

**Income Per Year**

<b>Household/ Family Size</b>	<b>100%</b>	<b>200%</b>	<b>300%</b>	<b>&gt; 300%</b>
<b>1</b>	\$15,650	\$31,300	\$46,950	> \$46,950
<b>2</b>	\$21,150	\$42,300	\$63,450	> \$63,450
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<b>13</b>	\$81,650	\$163,300	\$244,950	> \$244,950
<b>14</b>	\$87,150	\$174,300	\$261,450	> \$261,450
<b>MAXIMUM Fee</b>	<b>\$0</b>	<b>\$1</b>	<b>\$2</b>	<b>\$15 - \$44+</b> (based on NP time)

**Income Per Month**

<b>Household/ Family Size</b>	<b>100%</b>	<b>200%</b>	<b>300%</b>	<b>&gt; 300%</b>
<b>1</b>	\$1,304	\$2,608	\$3,913	> \$3,913
<b>2</b>	\$1,763	\$3,525	\$5,288	> \$5,288
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**For patients with MEDICAID insurance, ALL out-of-pocket costs are waived**

## Sally Kraynik NP LLC: Sliding Fee Discount Application

It is the policy of Sally Kraynik NP LLC to provide essential services regardless of the patient's ability to pay. Sally Kraynik NP LLC offers discounts based on family size and annual income.

Please complete the following information and return it 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, 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				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

Household Members	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Do you have health insurance?

- ☐ Yes  
☐ No  
☐ I don't know; I will provide relevant information

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
<b>TOTAL INCOME</b>			

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 identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

*Self-declaration of income may also be used.*

# **Sally Kraynik NP LLC: Sliding Fee Discount Policy**

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: April 29, 2022

POLICY: To make free or discounted services available to those in need.

PURPOSE: All patients seeking health care services at Sally Kraynik NP LLC are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Sally Kraynik NP LLC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Sally Kraynik NP LLC will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Sally Kraynik NP LLC will notify patients of the Sliding Fee Discount Program by:
  - Notification of the Sliding Fee Discount Program will be offered to each patient during the intake process.
  - The weblink for a Sliding Fee Discount Program application will be included with invoice notices sent out by Sally Kraynik NP LLC.
  - An explanation of our Sliding Fee Discount Program and our application form are available on Sally Kraynik NP LLC's website.
2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff, or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for visits (including virtual visits / Patient Portal communication). Information and forms can be obtained from Sally Kraynik NP LLC's website and intake forms sent to new patients.
3. Administration: The Sliding Fee Discount Program procedure will be administered through the Nurse Practitioner or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient / responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Sally Kraynik NP LLC as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only.

a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, adoption, or choosing and residing together; all such people (including related subfamily members) are considered as members of one family.

b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

6. Income verification: Self-declaration of income may be used; patients who are unable to provide written verification may provide a signed statement of income. For written verification, applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 300% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPL Guidelines.

8. Nominal Fee: Patients with incomes above 100% of poverty, but at or below 300% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

9. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Sally Kraynik NP LLC's designated official. Any waiving of charges should be documented in the patient's file along with an explanation. For patients with Medicaid insurance, all out-of-pocket charges are waived.

10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the Sliding Fee Discount Program applicable fee or, the reason for denial. If the application is approved for less than a 100% discount or denied, Sally Kraynik NP LLC will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

11. Refusal to Pay: this policy distinguishes between inability to pay and refusal to pay.

a. If a patient pays for a service or health care item out-of-pocket in full, they can ask us not to share that information for the purpose of payment or our operations with their health insurer; however this does NOT apply if the Sliding Fee Discount is used. To qualify for the Sliding Fee Discount, patients must agree to insurance billing (if insured) and, if required by their health insurer, to coordinate all necessary referrals and authorizations required for specialty care through Sally Kraynik NP LLC (if an insurance company requires a referral or authorization, Sally Kraynik NP LLC will clearly notify a patient in writing).

b. If a patient verbally expresses an unwillingness to pay or ceases communication with Sally Kraynik NP LLC without paying for services, the patient will be contacted in writing regarding their payment obligations. The Sliding Fee Discount Program application website will be included with invoice notices sent out by Sally Kraynik NP LLC. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Sally Kraynik NP LLC can explore options not limited to, but including discharging the patient from the practice.

12. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Nurse Practitioner's Office, in an effort to preserve the dignity of those receiving free or discounted care.

a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Sally Kraynik NP LLC's practice management system, noting names of applicants, dates of coverage and applicable fee.

b. The Nurse Practitioner will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

13. Policy and procedure review: The Sliding Fee Discount Program will be updated based on the current Federal Poverty Guidelines. Sally Kraynik NP LLC will also review possible changes in our policy and procedures and examine institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

14. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

#### ATTACHMENTS:

Sliding Fee Discount Schedule

Sliding Fee Discount Application

APPROVAL: 04/29/2022

REVISED: 12/23/2025

REVIEWED BY: Sally Kraynik, NP