

## Fee: Telemedicine Visits

### Income Per Year

Household/ Family Size	100%	200%	300%	> 300%
<b>1</b>	\$14,580	\$29,160	\$43,740	> \$43,740
<b>2</b>	\$19,720	\$39,440	\$59,160	> \$59,160
<b>3</b>	\$24,860	\$49,720	\$74,580	> \$74,580
<b>4</b>	\$30,000	\$60,000	\$90,000	> \$90,000
<b>5</b>	\$35,140	\$70,280	\$105,420	> \$105,420
<b>6</b>	\$40,280	\$80,560	\$120,840	> \$120,840
<b>7</b>	\$45,420	\$90,840	\$136,260	> \$136,260
<b>8</b>	\$50,560	\$101,120	\$151,680	> \$151,680
<b>9</b>	\$55,700	\$111,400	\$167,100	> \$167,100
<b>10</b>	\$60,840	\$121,680	\$182,520	> \$182,520
<b>11</b>	\$65,980	\$131,960	\$197,940	> \$197,940
<b>12</b>	\$71,120	\$142,240	\$213,360	> \$213,360
<b>13</b>	\$76,260	\$152,520	\$228,780	> \$228,780
<b>14</b>	\$81,400	\$162,800	\$244,200	> \$244,200
<b>Sliding Scale Maximum Fee</b>	<b>\$0</b>	<b>\$20</b>	<b>\$30</b>	<b>\$22 - \$217</b> (based on visit time)

### Income Per Month

Household/ Family Size	100%	200%	300%	> 300%
<b>1</b>	\$1,215	\$2,265	\$3,398	> \$3,398
<b>2</b>	\$1,643	\$3,052	\$4,578	> \$4,578
<b>3</b>	\$2,072	\$3,838	\$5,758	> \$5,758
<b>4</b>	\$2,500	\$4,625	\$6,938	> \$6,938
<b>5</b>	\$2,928	\$5,412	\$8,118	> \$8,118
<b>6</b>	\$3,357	\$6,198	\$9,298	> \$9,298
<b>7</b>	\$3,785	\$6,985	\$10,478	> \$10,478
<b>8</b>	\$4,213	\$7,772	\$11,658	> \$11,658
<b>9</b>	\$4,642	\$8,558	\$12,838	> \$12,838
<b>10</b>	\$5,070	\$9,345	\$14,018	> \$14,018
<b>11</b>	\$5,498	\$10,132	\$15,198	> \$15,198
<b>12</b>	\$5,927	\$10,918	\$16,378	> \$16,378
<b>13</b>	\$6,355	\$11,705	\$17,558	> \$17,558
<b>14</b>	\$6,783	\$12,492	\$18,738	> \$18,738
<b>Sliding Scale Maximum Fee</b>	<b>\$0</b>	<b>\$20</b>	<b>\$30</b>	<b>\$22 - \$217</b> (based on visit time)

**For patients with Medicaid, all charges will be waived.**

**Fee: Virtual Check-Ins & Online Evaluation/Management  
(Patient Portal messaging)**

**Income Per Year**

<b>Household/ Family Size</b>	<b>100%</b>	<b>200%</b>	<b>300%</b>	<b>&gt; 300%</b>
<b>1</b>	\$14,580	\$29,160	\$43,740	> \$43,740
<b>2</b>	\$19,720	\$39,440	\$59,160	> \$59,160
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<b>13</b>	\$76,260	\$152,520	\$228,780	> \$228,780
<b>14</b>	\$81,400	\$162,800	\$244,200	> \$244,200
<b>Sliding Scale Maximum Fee</b>	<b>\$0</b>	<b>\$1</b>	<b>\$2</b>	<b>\$12 - \$48</b> (based on nurse practitioner 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>	\$1,215	\$2,265	\$3,398	> \$3,398
<b>2</b>	\$1,643	\$3,052	\$4,578	> \$4,578
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<b>Sliding Scale Maximum Fee</b>	<b>\$0</b>	<b>\$1</b>	<b>\$2</b>	<b>\$12 - \$48</b> (based on nurse practitioner time)

**For patients with Medicaid, all charges will be waived.**

### Sliding Fee Discount Information

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

Please complete the following information and return to **Sally Kraynik NP LLC** 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.**

	Name	Date of Birth
<b>SELF</b>		
<b>OTHER</b>		
<b>OTHER</b>		
<b>OTHER</b>		



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



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

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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION

March 2022

## SALLY KRAYNIK NP LLC BUSINESS OFFICE POLICIES

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: April 29, 2022

POLICY: To make available free or discounted services 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 (SFS) 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:

- An explanation of our Sliding Fee Discount Program and our application form are available on the Sally Kraynik NP LLC website
- Sally Kraynik NP LLC places notification of Sliding Fee Discount Program on the Kareo request appointment webpage
- Notification of the Sliding Fee Discount Program will be offered to each patient during visit scheduling.
- Payment Policy will be available to all patients at the time of service.
- Sliding Fee Discount Program application will be included with collection notices sent out by Sally Kraynik NP LLC.

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 clinic visits. Information and forms can be obtained from Sally Kraynik NP LLC's website and Kareo patient 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, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Sally Kraynik NP LLC will also accept non-related household members when calculating family size.

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 charges will be 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.

11. 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.

12. Refusal to Pay: 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. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. 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 offering the patient a payment plan, waiving of charges, or referring the patient to collections.

13. 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.

14. Policy and procedure review: The SFS 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 for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

15. 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 Schedule

Patient Application for the Sliding Fee Discount Program

APPROVAL: 04/29/2022

REVISED: 07/05/2023

REVIEWED BY: Sally Kraynik, NP