HARTWELL
FAMILY CLINIC
An Affiliate of Elbert Memorial HOSPITAL

SLIDING FEE SCALE POLICY

Purpose
The purpose of this policy is to ensure that all patients have access to healthcare services regardless of their ability to pay. A discounted/sliding fee schedule is provided to eligible patients based on household income and family size.

Policy Statement
Hartwell Family Clinic offers a Sliding Fee Discount Program (SFDP) to all patients who qualify. This program applies to all services provided at the clinic but does not cover services referred to outside providers or costs associated with medications, laboratory services, or supplies unless otherwise specified.

Eligibility Requirements
Patients may qualify for discounted services based on the following:

- Total household income
- Number of individuals in the household
- Current Federal Poverty Guidelines (FPG)

All patients are eligible to apply regardless of insurance status.

Application Process

1. Patients must complete a Sliding Fee Scale Application.
2. Proof of income is required and may include:
    - Most recent tax return
    - Two (2) recent pay stubs
    - Social Security, disability, or unemployment statements
3. If no proof of income is available, a written self-declaration may be accepted.

Discount Determination

- Discounts are based on the current Federal Poverty Guidelines.

- Patients will be assigned a discount level (e.g., 100%, 75%, 50%, 25%, 20% or no discount).
- The fee schedule will be updated annually in accordance with federal guidelines.

Nominal Fees
Patients receiving a 100% discount may be charged a nominal fee as determined by the clinic. No patient will be denied services due to inability to pay this fee.

Duration of Eligibility

- Eligibility is valid for 12 months from the date of approval.
- Patients must reapply annually or sooner if financial circumstances change.

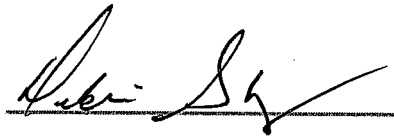
Confidentiality
All financial and personal information collected will be kept confidential and used solely for determining eligibility for the sliding fee program.

Denial of Application
Patients who do not provide required documentation may be denied participation until documentation is received.

Appeals Process
Patients have the right to appeal eligibility determinations. Appeals must be submitted in writing within 30 days of notification.

Non-Discrimination Statement
Services will be provided without regard to race, color, sex, age, national origin, disability, religion, gender identity, sexual orientation, or ability to pay.

Approval
This policy is reviewed annually and approved by clinic administration.



Authorized Signature

Date 03/3/2025

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