

## Sliding Fee Discount Program Q & A Sheet

### ***What is a sliding fee program?***

A program designed to reduce the cost of medical and dental care here at Mountain Community Health (MCH) for those who meet income requirements. These discounts are available to patients based on the guidelines provided annually by the federal government.

### ***How would I benefit from the sliding fee program?***

If you qualify, medical and/or dental services provided at MCH may be substantially discounted.

### ***What is covered under the sliding fee scale?***

Medical and dental services are covered under the sliding fee scale program. Medical services provided “in-house” are eligible for a sliding fee discount. “In-house” refers to medical services provided at the clinic such as labs, x-rays, EKGs, immunizations, and office visits. Any specialty visits or diagnostics sent out to labs or hospitals are not covered under the sliding fee program. Our staff is committed to helping you with determining what services are allowed under the sliding fee program and your questions are always welcome.

### ***What are advanced dental services?***

Advanced dental are primarily any service over \$300.00. Examples include crowns, gingivectomy, pulpotomy, flippers, partials, root canals, full mouth debridement, and repair of these items.

### ***What advanced dental services are covered under the slide?***

Costs for supplies produced or obtained outside of MCH are not eligible for the Sliding Fee Schedule and are the patient’s responsibility. We will review, with all patients, these additional costs in writing prior to any services being provided. Our staff is committed to helping you with determining what services are allowed under the sliding fee program, providing any item at a discounted price when/where available, and your questions are always welcome.

### ***I would like more information on your sliding fee program. How do I apply?***

You will need to submit a confidential application and provide proof of total household income. We have applications available on-site or on the Mountain Community Health Centers website: [www.mchvt.org](http://www.mchvt.org).

### ***What are acceptable forms of proof of income?***

Acceptable forms of income include your most recent income tax return, a copy of your social security benefits letter, or 2 recent pay stubs (from all working members of the household.) Please refer to the sliding fee discount program form for a more comprehensive list or if you have further questions speak to one of our MCH staff members.

### ***Can I leave blanks on the application?***

No, it is a requirement to complete the entire form.

### ***My income has changed recently. Can I reapply for the sliding fee program?***

Yes, we ask that you reapply anytime there is a change in your household income.

### ***It appears that I will qualify for sliding fee but I have insurance. Can I still apply?***

Yes. Patients may apply whether or not they have other insurance coverage. If you are approved, the program can help with any remaining balance after insurance has been applied.

### ***I do not have a Medicare supplement. Would I be eligible for sliding fee?***

Yes, you may be eligible for sliding fee. You will need to fill out an application and provide proof of income to be considered for the program.

***Do I have to include all members of my household on the application?***

Yes. All members living in the same household that is listed on your income tax return are considered “household members” and must be listed on your application. Roommates who share mutual living expenses are not considered to be members of the same household.

***I have no income. How do you calculate my eligibility?***

Complete the entire application, check the box on the form that looks like below, and a MCH staff member will be in contact with you if there are any further questions.

I attest that all members of my household have NO INCOME

***I have a 19-year-old child living in my house with no source of income. Do I need to include him on the sliding fee application?***

Yes, if this child is listed as a dependent on your tax return.

***I am a full-time college student. Can I apply on my own?***

Yes, if you are not a dependent on someone else’s Income Tax Form. Otherwise, the person or persons that have listed you as a dependent should apply for you.

***My only source of income is social security, but it is directly deposited in my bank. How can I show proof of income?***

A copy of your social security award letter or a copy of your bank deposit statement showing your is an acceptable form of proof of income.

***I am unable to pay the nominal fee today. Do I need to reschedule?***

No, it is not necessary to reschedule. As a Federally Qualified Health Center we see patients regardless of their ability to pay. Any out-of-pocket balances will be billed to you.

***I think I might qualify for a sliding fee discount. If I complete the sliding fee application, will it cover my visit today?***

Yes, if the application is received at our office within 6 months from today’s visit. Discounts will be applied retroactively on all approved applications for the 6-month period and through September 30<sup>th</sup>.

***I have completed the application and provided proof of income. Now what?***

You can mail the completed application to the address listed on the form or drop it off at MCH. Typically, applications are reviewed within 3-5 days of receipt. You will receive a letter in the mail informing you of your discount, if applicable.

***I received a letter stating I qualified for a sliding fee discount. How long is this effective?***

Your sliding fee scale approval expires each year on September 30<sup>th</sup>. You will need to reapply each year, around August, at which time we will reassess your eligibility for the program.

***Since I qualified for a sliding fee discount last year, do I still need to go through the application process again?***

Yes, enrollment expires every year on September 30<sup>th</sup> and a new application is required at that time.

**Should you need help completing your application, please contact us at:**

**2024 MCH Sliding Fee Discount Program Guidelines**

Household	A	B	C	D	E	F
<b>Size</b>	<b>&lt;100%</b>	<b>101%-125%</b>	<b>126%-150%</b>	<b>151%-175%</b>	<b>176%-200%</b>	<b>&gt;200%</b>
<b>1</b>	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	\$30,120
<b>2</b>	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	\$40,880
<b>3</b>	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$51,640
<b>4</b>	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$62,400
<b>5</b>	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$73,160
<b>6</b>	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$83,920
<b>7</b>	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$94,680
<b>8</b>	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	\$105,440
<b>Add per additional person</b>	\$5,380	\$5,380	\$5,380	\$5,380	\$5,380	\$5,380
<b>MEDICAL</b>						
<b>Medical Discount</b>	<b>100%</b>	<b>90%</b>	<b>80%</b>	<b>70%</b>	<b>60%</b>	<b>0%</b>
<b>Medical Patient Responsibility</b>	<b>\$10 per visit</b>	<b>\$10 minimum or 10%</b>	<b>\$10 minimum or 20%</b>	<b>\$10 minimum or 30%</b>	<b>\$10 minimum or 40%</b>	<b>100%</b>
<b>Household</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>BASIC DENTAL</b>						
<b>Basic Dental Discount</b>	<b>100%</b>	<b>80%</b>	<b>60%</b>	<b>40%</b>	<b>20%</b>	<b>0%</b>
<b>Basic Patient Responsibility</b>	<b>\$35 per visit</b>	<b>\$35 minimum or 20%</b>	<b>\$35 minimum or 40%</b>	<b>\$35 minimum or 60%</b>	<b>\$35 minimum or 80%</b>	<b>100%</b>
<b>ADVANCED DENTAL</b>						
<b>Advanced Dental Discount</b>	<b>100%</b>	<b>40%</b>	<b>30%</b>	<b>20%</b>	<b>10%</b>	<b>0%</b>
<b>Advanced Patient Responsibility</b>	<b>\$50 per visit</b>	<b>\$50 minimum or 60%</b>	<b>\$50 minimum or 70%</b>	<b>\$50 minimum or 80%</b>	<b>\$50 minimum or 90%</b>	<b>100%</b>