

Sliding Fee Discount Application

Weems Medical Center West

It is the policy of George E Weems Memorial Hospital to provide essential services regardless of the patient's ability to pay. Weems offers discounts based on family size and annual income. Please complete the following information and return 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 hospital, 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 Address

City

State

Zip Code

Phone

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

[illegible]

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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 property, estates and trusts; Alimony; Child support; Assistance from outside the household; and other miscellaneous sources			
Self-declaration of income			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Sliding Fee Discount Application
Weems Medical Center West

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

SLIDING FEE DISCOUNT PROGRAM POLICY
GEORGE E WEEMS MEMORIAL HOSPITAL, WEEMS AMBULANCE SERVICE
WEEMS MEDICAL CENTER EAST, WEEMS MEDICAL CENTER WEST

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

PURPOSE: All patients seeking health care services at George E Weems Memorial Hospital, Weems Medical Center East, Weems Medical Center West and Weems Hospital Ambulance Service 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). George E Weems Memorial Hospital, Weems Medical Center East, Weems Medical Center West and Weems Hospital Ambulance Service, heretofore referred to as “Weems”, will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Weems will base program eligibility on a person’s ability to pay and will not discriminate based on 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: Weems will notify patients of the Sliding Fee Discount Program by:
 - Notification of the Sliding Fee Discount Program will be offered to each patient at the time of service.
 - Sliding Fee Discount Program application will be included with collection notices sent out by Weems.
 - An explanation of our Sliding Fee Discount Program and our application form are available on www.weemsmemorial.com
 - Weems will place notification of the Sliding Fee Discount Program in the hospital waiting areas and clinic reception areas.
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 Weems hospital, ambulance and clinic services. Discounts will not be made to outside reference labs, radiology

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GEORGE E WEEMS MEMORIAL HOSPITAL, WEEMS AMBULANCE SERVICE
WEEMS MEDICAL CENTER EAST, WEEMS MEDICAL CENTER WEST

professional fees, physician professional fees, outside equipment or medications.

3. Administration: The Sliding Fee Discount Program procedure will be administered through the Financial Assistance Counselor, Revenue Cycle Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance with the completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided with 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 Weems as disclosed on the application form.
5. Eligibility: 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; all such people (including related subfamily members) are considered as members of one family. Weems will also accept non-related household members when calculating family size.
 - 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

SLIDING FEE DISCOUNT PROGRAM POLICY

GEORGE E WEEMS MEMORIAL HOSPITAL, WEEMS AMBULANCE SERVICE
WEEMS MEDICAL CENTER EAST, WEEMS MEDICAL CENTER WEST

- child support
- assistance from outside the household
- and other miscellaneous sources

6. Income 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 details of the most recent three months of income and expenses for the business.
- Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

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 200% 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 Federal Poverty Line Guidelines.
8. Nominal Fee: Patients 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. 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. The waiving of charges must be approved by Weems's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Weems 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

SLIDING FEE DISCOUNT PROGRAM POLICY
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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 lookback period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

11. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises 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 an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Weems can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
12. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Financial Assistance Counselor's office, in an effort to preserve the dignity of those receiving free or discounted care.
 - Applicants that have been approved for the Sliding Fee Discount Program will be logged in George E Weems Memorial Hospital, Weems Medical Center East, Weems Medical Center West and Weems Hospital Ambulance Service's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
 - The Financial Assistance Counselor will maintain a log identifying approved Sliding Fee Discount Program applications. Denials and applications not returned will also be logged.
 - The Revenue Cycle Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts.
13. Policy and procedure review: The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Weems will also review possible changes in policy and procedures and for examining 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

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Program service will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

2024 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Household/ Family Size	Dollars Per Year									
	100%	125%	130%	133%	135%	138%	150%	175%	180%	200%
1	15,060.00	18,825.00	19,578.00	20,029.80	20,331.00	20,782.80	22,590.00	26,355.00	27,108.00	30,120.00
2	20,440.00	25,550.00	26,572.00	27,185.20	27,594.00	28,207.20	30,660.00	35,770.00	36,792.00	40,880.00
3	25,820.00	32,275.00	33,566.00	34,340.60	34,857.00	35,631.60	38,730.00	45,185.00	46,476.00	51,640.00
4	31,200.00	39,000.00	40,560.00	41,496.00	42,120.00	43,056.00	46,800.00	54,600.00	56,160.00	62,400.00
5	36,580.00	45,725.00	47,554.00	48,651.40	49,383.00	50,480.40	54,870.00	64,015.00	65,844.00	73,160.00
6	41,960.00	52,450.00	54,548.00	55,806.80	56,646.00	57,904.80	62,940.00	73,430.00	75,528.00	83,920.00
7	47,340.00	59,175.00	61,542.00	62,962.20	63,909.00	65,329.20	71,010.00	82,845.00	85,212.00	94,680.00
8	52,720.00	65,900.00	68,536.00	70,117.60	71,172.00	72,753.60	79,080.00	92,260.00	94,896.00	105,440.00
9	58,100.00	72,625.00	75,530.00	77,273.00	78,435.00	80,178.00	87,150.00	101,675.00	104,580.00	116,200.00
10	63,480.00	79,350.00	82,524.00	84,428.40	85,698.00	87,602.40	95,220.00	111,090.00	114,264.00	126,960.00
11	68,860.00	86,075.00	89,518.00	91,583.80	92,961.00	95,026.80	103,290.00	120,505.00	123,948.00	137,720.00
12	74,240.00	92,800.00	96,512.00	98,739.20	100,224.00	102,451.20	111,360.00	129,920.00	133,632.00	148,480.00
13	79,620.00	99,525.00	103,506.00	105,894.60	107,487.00	109,875.60	119,430.00	139,335.00	143,316.00	159,240.00
14	85,000.00	106,250.00	110,500.00	113,050.00	114,750.00	117,300.00	127,500.00	148,750.00	153,000.00	170,000.00

TOTAL INCOME

% OF DISCOUNT/WRITE-OFF

- 100% OR LESS OF FEDERAL POVERTY GUIDELINES
- 101% TO 125% OF FEDERAL POVERTY GUIDELINES
- 126% TO 138% OF FEDERAL POVERTY GUIDELINES
- 139% TO 150% OF FEDERAL POVERTY GUIDELINES
- 151% TO 180% OF FEDERAL POVERTY GUIDELINES
- 181% TO 200% OF FEDERAL POVERTY GUIDELINES
- 201% OR MORE OF FEDERAL POVERTY GUIDELINES

- 100% WRITE-OFF
- 83% WRITE-OFF
- 67% WRITE-OFF
- 50% WRITE-OFF
- 33% WRITE-OFF
- 17% WRITE-OFF
- 0% WRITE-OFF