CENTURY CLINICAL FAMILY MEDICINE LLC DISCOUNT FEE POLICY

Policy

It is the policy of Century Clinical Family Medicine LLC to provide essential medical services regardless of the patient's ability to pay. Discounts are offered based upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for four months, after which the patient must reapply.

Discount Application Process

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required. Adolescent patients seeking confidential care are exempt from the application process, and services are provided at the nominal rate.

Services Covered

MEDICAL	The discount is applied to all in-office services provided by Century Clinical Family Medicine LLC
PHARMACY	Samples are provided, when available, without charge
LAB/X-RAYS	The discount is applied to in-office laboratory and x-ray services. Reference laboratory tests and consulting radiology interpretations are excluded.

Discounted\Sliding Fee Application

It is the policy of Century Clinical Family Medicine LLC., to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. 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 center, but not those services which are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. Century Clinical Family Medicine LLC reserves the right to require this form to be completed or updated for each visit. Please inquire at the front desk if you have questions.

Number of related persons living in your household: ☐

HOUSEHOLD MEMBER	HOUSEHOLD INCOME (COMPLETE ONE COLUMN ONLY)		
	ANNUAL PAY	MONTHLY PAY	BI-WEEKLY PAY
Self			
Spouse			
Dependent Children Under Age 18			
Total			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment, and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print): ☐ Date: ☐

Signature: ☐

OFFICE USE ONLY

APPROVED: Yes ☐ NO ☐

Discounts:

Office Visits: $ ☐

Dates of Service: ☐

Co-Pay: $ ☐

Date Discount Period Expires: ☐

Approved BY: ☐

Note: Use Payment Plan Code "E" for pay plans

FAMILY ASSISTANCE PLAN APPLICATION

Name of Head of Household

Place of Employment

Street

City

St

Zip

Phone

Health Insurance Plan

Social Security Number

Please list Spouse and Dependents Under Age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross Wages, Salary, Tips, etc.				
Social Security, pension, annuity, & veteran's benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend and other income				
Total Income				

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (print)

Date:

Signature

Verification Checklist (attach copies)	YES	NO
Identification/Address: driver's license, birth certificate, employment id, social security card, passport, state id card, other		
Income: Prior year tax returns (signed, first 2 pages only), 3 most recent paystubs, other		
Insurance: insurance card, claim statement		
Medicaid: application made, proof of Rejection		