

## POLICY- Discounted/Sliding Fee Scale Patient Policy

### **Subject: Sliding Fee Schedule and/or Discounted pricing for office visits/charges at the Van Buren Clinic (RHC) for uninsured and underinsured patients.**

Cumberland Family Care, PC offers essential primary care medical services to uninsured patients regardless of the ability to pay. A discount/sliding fee schedule is available for medical services to all **uninsured** and underinsured patients who establish care at this practice. Discounts only apply to services at this practice and do not include those which are purchased from outside sources (outside labs, inpatient/hospital, drugs, ancillary/diagnostic, etc.).

The discount/sliding fee scale is calculated from the updated Federal Poverty Guidelines. Patients who do not wish to provide information regarding their financial status by completing the Financial Hardship Form may receive a flat discounted rate of 50% that must be paid at the time of the medical visit unless prior arrangements have been made or authorization has been given by Administration the healthcare provider. There are **three** applicable discount categories for uninsured or underinsured patients based upon the information provided on annual household income and the number of family members in the household.

The chart below provides your calculated sliding fee discount based upon the information you provide. Patients may be asked at each visit if any income information has changed. Patients are responsible for informing the Receptionist of any changes in information or financial status at the time medical services are rendered.

The table below shows a sliding fee scale with the % discount on fees for patients based upon income/poverty level and household. Please ask reception for a Financial Assistance/Hardship Form if you have not completed one within the past six months for calculating a sliding fee discount. **Patients who do not wish to complete this information do not have to and may simply ask for the general Cash Pay Discount of 50% on office visits.** Payment is expected on the day services are rendered unless prior arrangements have been made.

**The following sliding fee scale and % discounted fees are applied to uninsured or underinsured patients based upon financial income information provided at the time a completed Financial Assistance/Hardship Form is presented:**



## POLICY- Discounted/Sliding Fee Scale Patient Policy (continued)

**2025 Poverty Guidelines for Using to Calculate % Sliding Fee**

Poverty Level	Poverty	Up to 150% above poverty	151%-up to 200% above poverty
# Living in household	No Charge	Discount on Fees = 70%	Discount on Fees = 50%
1	\$15,650 and below	\$23,475 and below	\$23,631 - \$31,300
2	\$21,150 and below	\$31,725 and below	\$31,936 - \$42,300
3	\$26,650 and below	\$39,975 and below	\$40,241 - \$53,300
4	\$32,150 and below	\$48,225 and below	\$48,546 - \$64,300
5	\$37,650 and below	\$56,475 and below	\$56,851 - \$75,300
6	\$43,150 and below	\$64,725 and below	\$65,156 - \$86,300
7	\$48,650 and below	\$72,975 and below	\$73,461 - \$97,300
8	\$54,150 and below	\$81,225 and below	\$87,766 - \$108,300

Sliding fee discounts on general lab services may also apply at the same % listed above but payments should be made in advance unless approved by the provider or in the event of an emergency.

Any patient requesting a sliding fee or flat discount rate must be in **“good standing”** with their account in Billing. The patient is responsible to make reasonable payments in agreement with sound billing arrangements and company policies. Patients who do not comply with this policy and all other policies at Cumberland Family Care, PC may not be eligible to receive sliding fee, flat rate discounts or **waived** fees until reinstated by the healthcare provider, Billing Department or Administrator.

Other discounts and payment arrangements for uninsured adult groups may be implemented as designated arrangements are made by the providers. Arrangement such as these are separate from this policy.

This policy may only apply to patients receiving primary care at Cumberland Family Care, PC locations:

-Van Buren Clinic (RHC), 817 College Street, Spencer, TN 38585

-Sparta Location: 457 Vista Drive, Sparta, TN 38583

Any questions regarding this, or any other policy, may be directed to the Administrator at (931) 738-3383.