

Sliding Fee Scale (SFS) Fact Sheet

- Anyone can apply for the SFS, this discount is for people that are underinsured as well as uninsured.
- SFS eligibility is based on the Federal Poverty Guidelines put out by the U.S. Dept. of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation.
- The SFS is offered a crossed all our Services (Medical, Behavioral Health, Dental)

Discount Schedule:

Poverty Level	Medical Rate/Medical Supply	Dental Rate/Dental Supply
100% or Below	\$ 20.00 Nominal Fee Flat Rate/Cost	\$ 40.00 Nominal Fee Flat Rate/Cost
101-150%	\$ 40.00 Flat Rate per visit/Cost +5%	\$ 80.00 Flat Rate per visit/Cost +5%
151-175%	\$ 80.00 Flat Rate per visit/Cost +10%	\$120.00 Flat Rate per visit/Cost +10%
176-200%	\$120.00 Flat Rate per visit/Cost +20%	\$160.00 Flat Rate per visit/Cost +20%

*Each medical, dental or behavioral health visit, each lab visit and each medication is charged the fee that applies to the patient and is to be paid in full at the time of service.

DISCOUNT LEVELS: The total number of household members and their TOTAL income, earned or unearned, determines the discount level

***Extra Supplies** for Medical and Dental are charged on a cost plus percentage schedule. A list of these supplies is attached to the EXTRA Sliding Scale Table and listed by CPT or CDT code. Prior to supplies being provided they must be paid in full.

- **Income Verification** must be in the form of the latest tax return, Social Security/Disability award letters or other letters for Child Support, Spousal Support, Foster Care, Worker's Comp Benefits and other Benefits including Disability, Veterans or Longevity Bonus, or verification by employer. The last two paycheck stubs may be considered on a case-by-case basis. **This needs to be provided to BFC within 30 days from the date of the application.**
 - The sliding fee discount will **not** be applied until supporting documentation has been verified and the appropriate income category has been determined. Once eligibility is approved, discounts are applied to the first visit and to subsequent visits.
 - Income includes, but is not limited to: Wages, Self-Employment net income, Social Security, Retirement/Pensions, Unemployment, Rental Income, all dividends (Stocks & Bonds and Interest) including Alaska Permanent Fund Dividend or Tribal Dividends, Child Support, Spousal Support, Foster Care, Public Assistance, Longevity Bonus, Worker's Comp Benefits, Disability Benefits, Veterans Benefits, etc. (*see the application form for other income categories*)
- **DEFINITION OF HOUSEHOLD MEMBERS**: All individuals residing in the same home and sharing expenses are considered "household members". Household members include: patient, spouse, significant other, grand parents, children, foster children, and other dependents.
- **PATIENTS WITH INSURANCE**: BFC will submit the full charge to the insurance company(ies) of patients who are also on the sliding fee program. Upon receipt of an EOB, the billing department shall apply the appropriate discount to the part that is the patient's responsibility, unless the amount charged to the patient account is less than sliding scale rate. Then, the lower amount would be due.
- **HARDSHIP WAIVER**: A waiver of fees may be provided to a qualifying patient in an emergency situation and only if it would create a barrier to care. Any waivers must be approved by the CFO, COO or the Executive Director.

Based upon Federal Poverty Guidelines published in the **January 19, 2017** Federal Register

Poverty Level %	100%	101% to 150%	151% to 175%	176% to 200%	201%				
Discount:	Nominal Fee Cost	Cost + 5%	Cost = 10%	Cost + 20%	No Discount				
Based on	\$ 15,060	for a family of one							
	\$ 5,230	for each additional family member							
ANNUAL INCOME TABLE	Family Size	ANNUAL Income							
	1	15,060	15,061 - 22,590	22,591 - 26,355	26,356 - 30,120	30,121			
	2	20,290	20,291 - 30,435	30,436 - 35,508	35,509 - 40,580	40,581			
	3	25,520	25,521 - 38,280	38,281 - 44,660	44,661 - 51,040	51,041			
	4	30,750	30,751 - 46,125	46,126 - 53,813	53,814 - 61,500	61,501			
	5	35,980	35,981 - 53,970	53,971 - 62,965	62,966 - 71,960	71,961			
	6	41,210	41,211 - 61,815	61,816 - 72,118	72,119 - 82,420	82,421			
	7	46,440	46,441 - 69,660	69,661 - 81,270	81,271 - 92,880	92,881			
	8	51,670	51,671 - 77,505	77,506 - 90,423	90,424 - 103,340	103,341			
	9	56,900	56,901 - 85,350	85,351 - 99,575	99,576 - 113,800	113,801			
	10	62,130	62,131 - 93,195	93,196 - 108,728	108,729 - 124,260	124,261			
	11	67,360	67,361 - 101,040	101,041 - 117,880	117,881 - 134,720	134,721			
	12	72,590	72,591 - 108,885	108,886 - 127,033	127,034 - 145,180	145,181			
	13	77,820	77,821 - 116,730	116,731 - 136,185	136,186 - 155,640	155,641			
	14	83,050	83,051 - 124,575	124,576 - 145,338	145,339 - 166,100	166,101			
	15	88,280	88,281 - 132,420	132,421 - 154,490	154,491 - 176,560	176,561			
	16	93,510	93,511 - 140,265	140,266 - 163,643	163,644 - 187,020	187,021			

Based on	\$ 1,255	for a family of one							
	\$ 436	for each additional family member							
MONTHLY INCOME TABLE	Family Size	MONTHLY Income							
	1	1,255	1,256 - 1,883	1,884 - 2,196	2,197 - 2,510	2,511			
	2	1,691	1,692 - 2,536	2,537 - 2,959	2,960 - 3,382	3,383			
	3	2,127	2,128 - 3,190	3,191 - 3,722	3,723 - 4,253	4,254			
	4	2,563	2,564 - 3,844	3,845 - 4,484	4,486 - 5,125	5,126			
	5	2,998	2,999 - 4,498	4,499 - 5,247	5,248 - 5,997	5,998			
	6	3,434	3,435 - 5,151	5,152 - 6,010	6,011 - 6,868	6,869			
	7	3,870	3,871 - 5,805	5,806 - 6,773	6,774 - 7,740	7,741			
	8	4,306	4,307 - 6,459	6,460 - 7,535	7,536 - 8,612	8,613			
	9	4,742	4,743 - 7,113	7,114 - 8,298	8,299 - 9,483	9,484			
	10	5,178	5,179 - 7,766	7,767 - 9,061	9,062 - 10,355	10,356			
	11	5,613	5,614 - 8,420	8,421 - 9,823	9,824 - 11,227	11,228			
	12	6,049	6,050 - 9,074	9,075 - 10,586	10,587 - 12,098	12,099			
	13	6,485	6,486 - 9,728	9,729 - 11,349	11,350 - 12,970	12,971			
	14	6,921	6,922 - 10,381	10,382 - 12,112	12,113 - 13,842	13,843			
	15	7,357	7,358 - 11,035	11,036 - 12,874	12,875 - 14,713	14,714			
	16	7,793	7,794 - 11,689	11,690 - 13,637	13,638 - 15,585	15,586			

Attached form with CDT codes lists all EXTRA supplies.

All Supplies must be paid in full before service is provided.