

SLIDING FEE DISCOUNT PROGRAM

Common Questions for Participants



What is the Sliding Fee Discount Program?

The Sliding Fee Discount Program is a program that allows MVA to discount normal charges based on a sliding scale of fees. The amount of discount is determined by the size of your household and household income.

Does this mean that I have health insurance?

No, the Sliding Fee Discount Program is **NOT** insurance coverage. It provides a discount for services provided by MVA only and does not meet any insurance coverage requirements. If you would like to look at insurance options, one of our enrollment specialists will be happy to assist you.

Am I automatically considered for this program?

Any patient may apply for the program by completing the required application and providing the necessary documentation. MVA will make every effort to ensure that you are aware of the resources available to you. However, we cannot consider you for the program unless you apply. Completion of a Sliding Fee Discount Program application is not required to receive treatment.

Once I am in the program is all my medical care free?

No, you must pay a small amount for each visit or a percentage of charges if required.

Who is considered a member of my household?

A household is all people who regularly occupy the same housing unit as their usual place of residence. A housing unit is an area intended for occupancy as separate living quarters in which the occupants live separately from any other individuals in the building and have direct access from outside the building or through a common hall. Household size is the total number of people living in a housing unit.

Who in the household is eligible for the Sliding Fee?

Any member of the household listed in the application would be covered if eligibility requirements are met. Each member of the household does not need to fill out an application.

How often must I apply for the Program?

You may need to verify your income annually or more often if there is a change in income for any member of the household. You must also notify MVA if there is a change in your household size.

If I do not want to divulge financial information, am I still eligible for the program?

In order to determine eligibility and fairly evaluate all applications we must have certain financial information. MVA uses this information only for making a determination of eligibility and level of discount. All information provided is confidential. Patients who do not provide financial information will be treated as "Self Pay" patients and will be responsible for all charges incurred during their visit.

If I have insurance am I still eligible?

Eligibility is based **only** on household size and income. You may still be eligible if you have other insurance coverage. The sliding scale would apply to the amount of the visit that you would be responsible for. Depending on your insurance carrier, the sliding scale may not apply to co-pays required by your insurance company.

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How do I document my household size?

Household size can be documented by any of the following:

- Tax Return
- Medicaid cards for dependent children
- Driver's License or State ID cards
- Court or government documents that indicate number of members in household
- Rental agreement or letter from the landlord that indicates the household members

What is included in my income?

Income is based on the **gross income (before tax)** of all household members over 15 receiving income and includes:

- Earnings from employment, unemployment compensation, or worker's compensation
- Social Security, Supplemental Security Income(excluding food stamps or utility assistance programs)
- Veterans' payments, survivor benefits,
- Pension or retirement income
- Interest, dividends, rents, royalties, income from estates or trusts
- Alimony, child support, assistance from persons outside the household

What are acceptable proofs of income?

Any of the following are acceptable in determining income:

- Tax Return
- W-2
- Pay Stubs
- Social Security Statement
- Medicaid denial letter
- Proof of eligibility in other programs such as Social Security Disability (SSDI), Temporary Assistance for Needy Families (TANF), Free or Reduced School Lunch Programs, Other public assistance programs.

What if I have no source of income?

If you are claiming that you have no or close to no income you must provide one of the following:

- A signed statement describing your living circumstances and how your basic needs are being met

What can I do if I am experience a financial hardship?

If you are experiencing a temporary financial hardship the Sliding Fee Program coordinator may be able to provide you with information on additional assistance.

What if I can't afford the nominal fee or discounted amount?

If you have had to cancel or reschedule a visit or have delayed receiving needed medical care due the amount that you may have to pay under the Sliding Fee Program guidelines, please see the Sliding Fee Program coordinator so that your situation can be noted. This information helps us to evaluate this Sliding Fee Discount Program. Thank you!

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Refusal to Pay

Sliding Fee Discount Program patient accounts are handled in a manner consistent with the payment and collection policies offered by MVA to all clients. If the patient does not make an effort to follow MVA's payment policies or fails to respond to requests within 30 days, this may constitute refusal to pay. MVA can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to the collection department. Discharging patients due to refusal to pay will be an action of last resort that will be taken only after reasonable efforts have been made to secure payments. Consistent with reducing barriers to care that the patient's refusal to pay was temporary in nature or due to extenuating circumstances, that patient may be permitted to rejoin the practice and reapply for the Sliding Fee Discount Program..

What services does this program cover?

In order to qualify for a discount the services must be medically necessary as determined by your provider. The program covers office visits, administration of X-Ray, Point of Care Labs, Diabetic Education, Basic Optical Services (contact lens fitting has an extra fee), MVA Pharmacy, Acute Surgical procedures.

What services does this NOT program cover?

The program does not cover services provided to MVA patients by outside providers or diagnostic services such as the reading of X-Rays, Lab Fees, Specialist Fees, Hospital charges. However, some of these providers may offer discounts that are equal to or better than those provided by MVA that you should ask about.