



## SLIDING FEE DISCOUNT PROGRAM FOR UNINSURED/UNDERINSURED CLIENTS POLICY AND APPLICATION

All clients seeking services at Art Therapy & Creative Counseling (ATCC) are assured that they will be served regardless of ability to pay. ATCC offers a **Sliding Fee Discount Program (SFDP)** for clients who are uninsured or underinsured. This SFDP Policy and Application Information Sheet is available via oral communication and on the ATCC website. It will also be included in the event of a collection notice.

### Request for Discount

The application for the SFDP serves as a request for discount. Requests for discounted services may be made by clients, family members, social services staff, or others who are aware of existing financial hardship. However, the client or responsible party must complete the application. Application forms may be submitted to the owner ATCC. There is no charge to submit an application. ***Dignity and confidentiality will be respected for all who seek and/or are provided therapeutic services.***

### Eligibility

Client eligibility for the SFDP program is determined solely by income and family size. In all cases, a client must have an income at or below twice the most current Federal Poverty Guidelines (FPG) to be eligible for this program. Further, ATCC does not discriminate on the basis of race, color, sex, national origin, disability. The following definitions apply:

- a. 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. ATCC will also accept non-related household members when calculating family size.
- b. 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; child support; assistance from outside the household; and other miscellaneous sources.

### Income verification

Clients who apply for the SFDP 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. Adequate information must be made available to determine eligibility for the program.

### Sliding Fee Discount Program

**The Schedule of Fees for Services are as follows:**

Annual Income Level	Nominal Client Fee	Time Collected
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Below 100% of the FPG	\$20	Following session
At or Below 200% of the FPG	\$40	Following session

*\*The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPL guidelines.*

*In certain situations, clients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by the owner of ATCC. Any waiving of charges will be documented in the client's file along with an explanation.*

**Applicant Notification**

The SFDP determination will be provided to the applicant(s) in writing, and will include the percentage of SFDP write-off, or, if applicable, the reason for denial. SFDP applications cover outstanding client balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. Applicants have 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 look-back period will be the lesser of six months or the expiration of their last SFDP application.

**Refusal to Pay**

If a client verbally expresses an unwillingness to pay or vacates the premises without paying for services, the client will be contacted in writing regarding their payment obligations. If the client is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the client does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, ATCC can explore options not limited to, but including offering the client a payment plan, waiving of charges, or referring the client to collections.

**Record keeping**

Information related to SFDP decisions will be maintained and preserved in a secure and confidential file cabinet, as follows:

- a. Applicants that have been approved for the SFDP will be logged in ATCC's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
- b. The owner of ATCC will maintain an additional monthly log identifying SFDP recipients and dollar amounts. Denials and applications not returned will also be logged.

**Policy Review**

The SFDP will be updated based on the current Federal Poverty Guidelines. ATCC will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible clients from having access to our community care provisions.

**Budget**

During the annual budget process, an estimated amount of SFDP service will be placed into the budget as a deduction from revenue.

***By signing the application, clients are confirming their income to ATCC as disclosed on the application form. Clients who plan to apply for the SSPD, please sign below:***

***I have read and understand the policies in this document and agree to its terms and conditions.***

\_\_\_\_\_  
Signature of Client (or Parent/Guardian if client is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**APPLICATION FOR SLIDING FEE DISCOUNT PROGRAM**

*It is very important to Art Therapy & Creative Counseling (ATCC) that all individuals who seek care are not denied based on ability to pay. Per the ATCC Policy on its Sliding Fee Discount Program (SFDP), this application serves as a request for discounted services at Art Therapy & Creative Counseling. Please complete all boxes, then submit the signed policy, application, and your choice of income verification to the owner of ATCC. Note: This form must be resubmitted annually or if your financial situation changes.*

<b>Date</b>			
<b>Name</b>			
<b>Address</b>			
<b>Town</b>			
<b>Phone Number</b>			
<b>Email</b>			
<p><i>Adequate information must be made available to determine eligibility for the program. Please check the box from the list below to indicate which form of verification you are attaching to this application. (Only one form of income verification is required.)</i></p>			
<b>Prior Year W-2</b>		<b>Form 4506-T (if W-2 not filed)</b>	
<b>Two Most Recent Pay Stubs</b>		<b>Self-Employed (details of most recent three months of income and expenses.)</b>	

Family Size			
Number of Family Members	Name	Date of Birth	
1. (Self)	(same as applicant)		
2			
3			
4			
5			
6			
Sources of Income and Annual Total Income			
Income Source	Self	Other	Total
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; child support; assistance from outside the household; and other miscellaneous sources			
<b>TOTAL ANNUAL INCOME</b>			

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

\_\_\_\_\_  
Signature of Client (or Parent/Guardian if client is under age 18)

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date of Application Review		Approved (yes or no)	
Reviewer		Denied (yes or no)	
Was Income Verified? (yes or no)		If denied, reason	
Method used for income verification		Date client may resubmit	
Was Identification verified? (yes or no)		Date that client was notified of determination	

Printed Name