



Payal Shah, MD
 Board Certified Family Physician
 United States Civil Surgeon

INTRODUCTION:

This Sliding Fee Discount Program (SFDP) is designed to provide discounted medical services to patients of Onestop Medical Services, LLC. who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). The SFDP does not apply to those services or equipment that are purchased from external providers and vendors, including laboratory testing, diagnostic imaging, medications from the pharmacy, specialists, and other such services.

The sliding fee is intended to be the payor of last resort. All charges must be submitted to applicable insurance prior to application of the sliding fee scale. Patients who elect not to have certain types of charges sent through insurance are not eligible to have the sliding fee scale applied to those charges.

NONCOVERED SERVICES UNDER ONESTOP MEDICAL'S SLIDING FEE DISCOUNT PROGRAM

Certain services that are deemed elective and/or involve external providers and vendors are not eligible for a sliding fee discount.

- Lab tests performed by any third-party vendor (tests that Onestop Medical sends out for analysis)
- Diagnostic testing performed by any third-party vendor (tests that Onestop Medical sends orders for imaging).
- Medications from the pharmacy (either prescription or OTC)
- Services provided on behalf of contracted parties of Veterans Affairs
- Services provided for immigration medical examination (I693)
- Services provided for Department of Transportation (DOT) Certification exam
- Services provided on behalf of third party attorney offices

POLICY STATEMENT:

Onestop Medical Services offers a Sliding Fee Discount Program (SFDP) to patients who are unable to pay for their services. Onestop Medical Services bases SFDP eligibility on a person's ability to pay and will not discriminate on the basis of protected class status (e.g., age, gender, race, sexual orientation, creed, religion, disability, national origin, etc.) as identified in the Health Resources and Services Administration (HRSA) policy on Civil Rights, Diversity, and Inclusion.

The U.S. Department of Health and Human Services determines the Federal Poverty Guidelines which are used by Onestop Medical Services in creating and annually updating the sliding fee schedule (SFS) to determine eligibility for discounted medical services.

General Rules

- Discount must be offered to all patients who meet eligibility criteria



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- Eligibility criteria must be developed from the Federal Poverty Guidelines, based on family size and income
- Sliding scale policy must be updated annually (As FPG is updated annually)
- Discounts apply to any amount due from patients
- Discounts need to be all inclusive, covering visits, procedures, etc.

Fee Scale

- Discounts to **all approved patients below 200% FPL**
 - Patients between 101-200% FPL receive a discount
 - Patients below 100% FPL receive a 100% discount, however a nominal fee of \$15 is applied for medical services. Other organizations varied from \$2-\$20 for medical services.

Determining Eligibility for Discounts

- The collection of family size and income information from all patients must be a part of the usual registration process
- Patients who decline to offer this information are ineligible for a discount
- Grace periods are given to patients without the required documentation (A standard time frame for the grace period was not found, but several organizations allow patients 2 weeks and one allows 30 days).
- Discounts are granted to patients on their initial visit based on self-reporting (Documentation is not required)
- Discount application form is separate from registration form
- Discount application form is completed on initial registration and is updated at least once per year

Required Documentation for Discounts

- Documentation is required for discounts after the initial visits
- **Proof of Income** (If Employed) One of the Following:
 - 1040
 - W2
 - 2 recent pay stubs
 - Written statement by employer
- **Proof of Income** (If Unemployed) One of the Following:
 - Public Assistance check stub/copy
 - Social Security check stub or letter of award
 - Certification Letter from Medical Assistance or Department of Social Services
 - Completed zero income form
 - Written statement from friend or relative with whom patient lives (if other forms not available)
 - Letter of reference from a 501 (c)(3) organization, such as a church (if other forms not available)



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- **Proof of Address** One of the following:
 - o Driver's license
 - o MVA ID,
 - o Any document (envelope) recently addressed to patient such as a utility bill
 - o A written statement by relative or friend with whom patient lives
- **Proof of Address (Immigrants)** One of the Following:
 - o Form 1551
 - o Form 194

Recertifying Clients for Discount

- Patients are re-certified at least once per year, some organizations require re-certification every 6 months

Postage of Discount Policy

- Postage of discount policy in a visible location is generally required, such as at the cashier's desk, in the waiting room, or in the lobby.

PROCEDURE: The following guidelines are followed in providing the Sliding Fee Discount Program.

1. **Notification:** Onestop Medical Services notifies patients of SFDP by:

- a. Payment Policy Brochure available to all patients at the time of service.
- b. An explanation of our SFDP and our application form available on the Onestop Medical Services website.
- c. Placement of SFDP notification in the clinic check-in area.

2. **Patients First.** All patients seeking healthcare services at Onestop Medical Services are assured that they will be served regardless of ability to pay. **Eligible patients will not be refused service because of lack of financial means to pay.** However, Onestop Medical Services reserves the right to discharge a patient if Onestop Medical Services believes the patient is no longer eligible to receive services at Onestop Medical Services, including provider initiated patient relationship termination.

3. **Request for Discount:** Requests for discounted services may be made by patients who are experiencing existing financial hardship. The Sliding Fee Discount Program (SFDP) will apply to all services received at Onestop Medical Services, but not those services or equipment that are purchased from external providers and vendors, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, medications from the pharmacy (either prescription or OTC), and other such services. Information on the SFDP and forms can be obtained from the front desk or Onestop Medical Services website.

4. **Administration:** *The procedure is administered through the Billing and Records Supervisor, or designee, with oversight and input from the Director and Associate Director.*



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5. Alternative Payment Sources: The applicant must agree to exhaust all other payment sources, such as third-party insurance or Federal and State programs, as a condition for approval of a SFDP application. Patients with insurance will have their claims filed with the insurer, and the patient will be responsible for the reduced fee calculated via the sliding fee scale on the patient responsibility amount determined by the insurer. If at any time Onestop Medical Services discovers or determines that insurance coverage was active during a time in which a sliding fee discount was applied and the insurance was not disclosed at the time of service, the awarded eligibility determination period will be reversed, and the applicant will be financially responsible for all expenses incurred.

6. High-Deductible Health Plans: Patients with high-deductible health plans will be extended the opportunity to apply for a sliding fee discount. If eligible, Onestop Medical Services will apply the sliding fee discount after the claim has been processed by the insurer and the patient will be responsible for the reduced fee calculated via the sliding fee scale on the patient responsibility amount determined by the insurer.

7. Completion of Application: The patient must complete the SFDP application in its entirety. By signing the SFDP application, persons authorize Onestop Medical Services access to verify and confirm income as disclosed on the application form. Providing false information on a SFDP application will result in all SFDP discounts being revoked and the full balance of the account(s) restored and payable immediately.

- a) To be considered for the (SFDP), **verification of income is mandatory.**
- b) By signing the application form, the applicant agrees Onestop Medical Services may contact each employer of all persons working in the documented household and/or may contact various agencies to verify any source of income.
- c) Within 5 business days, the applicant will provide Onestop Medical Services with a copy of all requested information, as listed, for all persons in the household.
- d) Applicants must reapply for the SFDP every year so Onestop Medical Services can maintain an updated SFDP applications on file.
- e) Applicants are obligated to inform Onestop Medical Services of any change in household size, income, and/or insurance coverage.
- f) Applicants are also obligated to provide Onestop Medical Services with any income information that is requested. Applications lacking required information will be denied without notice after 5 business days.

8. Eligibility: Discounts are based on income and family size only. As used herein, Onestop Medical relies on the Census Bureau definitions of each term:

- 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. Onestop Medical will also consider non-related household members when calculating family size.





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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: Applicants 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 detail 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. Patients who are unable to provide written verification may provide a signed statement of income.

Required Documentation for Discounts

- Documentation from each household/family member is required for discounts during and after the initial visit
- **Proof of Income** (Each employed household/family member) Must one of the Following:
 - 1040
 - W2
 - 2 recent pay stubs
 - Written statement by employer
- **Proof of Income** (Each unemployed household/family member) Must one of the Following:
 - Public Assistance check stub/copy
 - Social Security check stub or letter of award
 - Certification Letter from Healthcare Authority or Department of Social Services
 - Completed zero income form
 - Self-declaration of income
 - Written statement from friend or relative with whom patient lives (if other forms not available)
 - Letter of reference from a 501 (c)(3) organization, such as a church (if other forms not available)
- **Proof of Income (If no income):**
 - The Limited Income Statement must be completed.
- **Proof of Address** One of the following:
 - Driver's license
 - Military or VA ID
 - Any document (envelope) recently addressed to patient such as a utility bill
 - A completed, signed, written statement by relative or friend with whom patient lives
- **Proof of Address** (Immigrants) One of the Following:
 - Form AR-11
 - Form I-485





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- Form I-698 or Form I-687

Recertifying Clients for Discount

- Patients are re-certified at least once per year, some organizations require re-certification every 6 months

Postage of Discount Policy

- Postage of discount policy in a visible location such as at the cashier's desk, in the waiting room, or in the lobby.

Applications submitted without the above requested information will not be considered, except as described below.

a. **Self-Declaration of Income** may only be used in special circumstances. Patients who are unable to provide written verification must provide a signed statement of income and explain why they are unable to provide independent verification. This signed statement will be presented to Onestop Medical Services Medical Director, Office Manager, or their designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

9. **Discounts:** Those with incomes at or below 200% of poverty are charged a percentage of their fee, up to 100%. The sliding fee schedule is updated during the first quarter of every fiscal year with the latest Federal Poverty Guidelines. Underinsured patients will utilize the same discount policy as uninsured patients, based on poverty level. Any approved discount will be applied to the patient responsibility portion, after claims have been submitted to all known responsible payors.

Uninsured/Underinsured Sliding Scale Based on Poverty level

Household/Family Size	100% Discount; \$15 nominal fee (A)	80% Discount (B)	75% Discount (C)	60% Discount (D)	40% Discount (E)	20% Discount (E)	No Discount
1 - \$2,718	\$13,590	\$16,308	\$19,026	\$21,744	\$24,462	\$27,180	>\$27,180
2 - \$3,662	\$18,310	\$21,972	\$25,634	\$29,296	\$32,958	\$36,620	>\$36,620
3 - \$4,606	\$23,030	\$27,636	\$32,242	\$36,848	\$41,454	\$46,060	>\$46,060
4 - \$5,550	\$27,750	\$33,300	\$38,850	\$44,400	\$49,950	\$55,500	>\$55,500
5 - \$6,494	\$32,470	\$38,964	\$45,458	\$51,952	\$58,446	\$64,940	>\$64,940
6 - \$7,438	\$37,190	\$44,628	\$52,066	\$59,504	\$66,942	\$74,380	>\$74,380



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7 - \$8382	\$41,910	\$50,292	\$58,674	\$67,056	\$75,438	\$83,820	>\$83,820
8 - \$9,326	\$46,630	\$55,956	\$65,282	\$74,608	\$83,934	\$93,260	>\$93,260
Each additional family member	Add \$4,720	Add \$4,720	Add \$4,720	Add \$4,720	Add \$4,720	Add \$4,720	Add \$4,720

Uninsured/Underinsured Sliding Scale Based on Poverty level

Household/Family Size	100% FPL (A)	120% FPL (B)	140% FPL (C)	160% FPL (D)	180% FPL (E)	200% FPL (F)	No Discount
1 - \$2,718	\$13,590	\$16,308	\$19,026	\$21,744	\$24,462	\$27,180	>\$27,180
2 - \$3,662	\$18,310	\$21,972	\$25,634	\$29,296	\$32,958	\$36,620	>\$36,620
3 - \$4,606	\$23,030	\$27,636	\$32,242	\$36,848	\$41,454	\$46,060	>\$46,060
4 - \$5,550	\$27,750	\$33,300	\$38,850	\$44,400	\$49,950	\$55,500	>\$55,500
5 - \$6,494	\$32,470	\$38,964	\$45,458	\$51,952	\$58,446	\$64,940	>\$64,940
6 - \$7,438	\$37,190	\$44,628	\$52,066	\$59,504	\$66,942	\$74,380	>\$74,380
7 - \$8382	\$41,910	\$50,292	\$58,674	\$67,056	\$75,438	\$83,820	>\$83,820
8 - \$9,326	\$46,630	\$55,956	\$65,282	\$74,608	\$83,934	\$93,260	>\$93,260
Each additional family member	Add \$4,720						

10. Waiving of Charges: In certain situations, patients may not be able to pay the discounted fee. Waiving of charges may only be used in special circumstances and must be approved by Onestop Medical Services Medical Director, Office Manager, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).

11. Applicant Notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) electronically in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount with nominal fee, or denied, Onestop Medical will work with the patient and/or responsible party to establish payment arrangements.



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12. **Duration of Approval:** Sliding Fee Discount Program applications cover outstanding patient balances for one month prior to application date and any balances incurred within 12 months after the approved date, unless there are changes in household size, income, and/or insurance coverage that place the patient in a higher FPL tier or would make them ineligible for the SFDP program. The applicant has 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 Sliding Fee Discount Program application.

13. **Record-Keeping:** All documentation used to substantiate the patient’s eligibility for the SFDP will be maintained within Onestop Medical’s electronic medical record software. Hard copy applications will be preserved in a centralized confidential file in Onestop Medical’s designated file storeroom. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Onestop Medical’s practice management system, noting names of applicants, dates of coverage and percentage of coverage.

- a) The Business Office Manager, or their designee, will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

14. **Policy and Procedure Review:** Annually, the SFDP will be reviewed by the Onestop Medical Leadership team. The sliding fee scale will be updated as the Federal Poverty Guidelines are updated or modified.

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

ATTACHMENTS:

2022 Sliding Fee Schedule

Patient Application for the
Sliding Fee Discount Program

APPROVAL: _____

REVISED: _____

REVIEWED BY: _____

