



Title: **Sliding Fee Scale Eligibility Policy**  
Number: **3.3.58**  
Area: **Finance**  
Effective Date: **11/22/2021**  
Revised Date:

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**Purpose:**

All individuals seeking healthcare services at Aspire Health Partners, Inc. are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This company provides affordable, quality, and compassionate care to those who have limited means, to pay for their healthcare (uninsured or underinsured).

**Scope:**

Aspire Health Partners, Inc. will offer a Sliding Fee Scale to all who meet financial criteria and are unable to pay for their services. Aspire Health Partners, Inc. will base program eligibility on a person's ability to pay and will not discriminate based on an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. See attached sliding fee schedule determine eligibility.

**Procedure:**

The following guidelines are to be followed in providing the Sliding Fee Scale Program.

1. Notification: Aspire Health Partners, Inc. will notify individuals of the Sliding Fee Scale Program by:
  - Individuals meeting financial criteria for the Sliding Fee Scale will receive information regarding their eligibility and financial responsibility,
  - Financial eligibility screening will be completed with everyone. If eligible for Sliding Fee Scale, the individual will be counseled on their financial responsibility and acknowledge understanding.
  - Our Sliding Fee Scale information is available on Aspire Health Partner's website.
  - Aspire Health Partners, Inc. places notification of Sliding Fee Scale in all Program and Registration Offices.
  
2. Sliding Fee Scale: Individuals will have a financial eligibility screening at the point of service. Based on the individual's financial eligibility screening the sliding fee schedule will be applied as indicated. Requests for services may be made by individuals, family members, or others who are aware of existing financial hardship. The sliding fee schedule be available for all eligible individuals and services. Financial eligibility and screening forms can be obtained from Registration and the Business Office.



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3. Administration: The Sliding Fee Scale procedure will be administered by Registration and Business Office. Information about the Sliding Fee Scale policy and procedure will be provided to individuals. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
4. Completion of Application: The individual/responsible party must complete the Sliding Fee Scale eligibility in its entirety. Assistance will be provided as needed. By signing the Sliding Fee Scale and eligibility/financial agreement, individuals are confirming their income to Aspire Health Partners Inc as disclosed on the application form. Individuals have the right to deny or refuse this or any other funding available to them.
5. Eligibility: Sliding Fee Scale will be based on income and family size only.
  - 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. Aspire Health Partners, Inc. 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; and worker's compensation. Individuals 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. Self-declaration of income may be used. Individuals who are unable to provide written verification may provide a signed statement of income.
6. Scales: Those with incomes at or below 150% of poverty will receive a full 100% Scale for healthcare services. Those with incomes above 150% of poverty, but at or below 300% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [FPL Guidelines](#).
7. Nominal Fee: Individuals with incomes above 150% of poverty, but at or below 300% poverty will be charged a nominal fee according to the attached sliding fee schedule and



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based on their family size and income. However, individuals will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

8. **Financial Agreement:** In the event an individual is unable pay the nominal/required fee a financial agreement can/will be established to ensure individuals are able to access services needed. Financial agreements must be approved by Aspire Health Partners, Inc. designee. Any financial agreements and/or waiving of fees shall be documented in the individual's financial eligibility and screening section along with any financial agreements and financial responsibility notifications.
9. **Sliding Fee Eligibility:** The Sliding Fee Scale determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Scale the individual is responsible for. In the event an individual refuses, or, if applicable, the reason for denial is noted. Aspire Health Partners, Inc. will work with the individual and/or responsible party to establish payment arrangements. Sliding Fee Scale eligibility covers outstanding individual balances minus the assessed individual responsibility.
10. **Refusal to Pay:** If an individual verbally expresses an unwillingness to pay or vacates the premises without paying for services, the individual will be provided notification of the financial responsibilities. Aspire make all reasonable attempts to collect individuals' payment and will continue to assist with reasonable financial payment plan to ensure individual received services needed.
11. **Record keeping:** Information related to Sliding Fee Scale and Financial Eligibility decisions will be maintained in a centralized confidential file.
  - a. Applicants that have been approved for the Sliding Fee Scale will be maintained in Aspire Health Partners, Inc. electronic health record.
12. **Policy and procedure review:** The SFS will be updated based annually on the current Federal Poverty Guidelines. Aspire Health Partners, Inc. will also review possible changes in our policy and procedures and for reviewing organizational practices.
13. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Scale services will be placed into the budget as a deduction from revenue.

**Attachments:** [2021 Sliding Fee Scale](#), [Individual Eligibility for Sliding Fee Scale](#)



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<b>Authority:</b>	<b>Date:</b>
<b>Scott Griffiths (Chief Administrative Officer)</b>	<b>11/29/2021</b>