



Title: **Financial Assistance Policy/ Sliding Fee Scale Eligibility**  
Number: **3.3.58**  
Area: **Finance**  
Effective Date: **7/1/14**  
Revised Date: **3/28/2024**

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**Purpose:**

This Financial Assistance Policy will define when financial assistance is provided. The policy applies to all emergency and other medically necessary care provided by the hospital facility, including care provided by other related entities. Services are provided without discrimination and regardless of an individual ability to pay. Aspire Health Partner’s policy is to provide a financial assessment to any client or person responsible for the client seeking financial assistance/charity.

Aspire Health Partners Financial Assistance

The client or responsible party must be unable to pay for the client’s medically necessary care. The Federal Poverty Guidelines (FPG) determine the ability to pay. Refer to Appendix 3 for the current FPG.

The federal government updates these guidelines annually. The ability to pay is determined by examining income and family size/household size as directed by I.R.C § 36 B(d)(2) 1986 as prescribed by the State of Florida § 65E-14.018 Sliding Fee Scale Rule.

When asked, Aspire Health Partners (AHP) will determine if the client or responsible party has the ability to pay. This evaluation, or screening for financial assistance, is free. Financial assistance will not be given for medical care unless it is medically necessary. Financial assistance ranges from discounted to free care.

This Financial Assistance Policy also provides more information about how a client or person responsible for a client may ask for financial assistance. It describes when a client will be considered eligible to receive financial assistance. Additionally, it defines the amount of financial assistance provided when meeting the requirements of this policy.

**Definitions:**

Federal Poverty Guidelines (FPG):

The Department of Health and Human Services issues an income measurement protocol annually. The federal poverty levels are used to determine eligibility for specific programs and benefits.



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Aspire Health Partners Financial Assistance:

Financial assistance provided to clients who meet the charity care-specific guidelines can be determined after emergency or medically necessary services have been rendered. The client's ability to pay will not determine whether they receive essential medical treatment.

Medicaid:

Medicaid is a joint federal and state program that assists with medical costs for some people with limited income and resources. Clients should be informed of all resources before applying for charity care.

Family:

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 members of one family. Aspire Health Partners will also accept non-related household members when calculating family size.

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.

**Scope:**

This policy pertains to all people seeking and receiving services from Aspire Health Partners.

**Procedure:**

**A. Notification:**

Aspire will provide an explanation and application regarding Financial Assistance, Price Transparency and Billing Information to include the sliding fee discount on its website at [www.aspirehealthpartners.com](http://www.aspirehealthpartners.com)

Aspire's sliding fee discount program will be offered to each qualifying patient upon financial assessment.



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Aspire's price transparency policy will be posted in the financial assessment waiting areas.

Aspire's sliding fee discount program will be included with collection notices sent out to patients.

Aspire's financial intake forms which include information on the sliding fee scale will exist within the electronic health record and will be provided to each patient this applies to during the intake process.

## **B. General Eligibility Criteria and Method for Applying for Assistance**

### General Eligibility Criteria

Client's eligibility criteria are determined by:

1. Household/Family unit size
2. Household/Family unit gross income in relation to current Federal Poverty Guidelines.
3. Documentation is required to determine income (e.g., W-2, Form 1040, pay stub, etc.)
4. All clients must fill out the Application for Financial Assistance within 10 days or prior to the client's next appointment. The Financial Assistance Application must be renewed every 12 months.

A determination will be issued using a sliding fee scale. The client is responsible for applicable fees/co-payments per encounter, if any. Aspire Health Partners (AHP) will gather and utilize information about a client's or other responsible party's income. The result will determine their eligibility for financial assistance, which will include the amount of the discount they will receive and the amount they will be required to pay. AHP will provide financial assistance counseling upon request, without additional charge, before or after the client receives services.

### Method for Applying for Assistance

Clients must complete the Financial Assistance Application process before evaluation for Financial Assistance. For a copy of the application, see the website <https://rb.gy/byiii6>

For a hardcopy call, the Business office: **407-875-3700**

## **C. Additional Information**

Eligibility may be retroactively applied to the AHP open balance client's account for 240 days before the initial AHP assessment date. A Chief, Vice-President, or authorized representative must approve eligibility beyond the 240-day retroactive period of the initial request.

AHP will provide clients or responsible parties with a written statement when they qualify for Financial Assistance.



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The client or responsible party may request financial assistance for any incurred debt up to 240 days following the first billing statement. This includes account balances after insurance payments. The criteria below will be used when AHP considers this request. The client or responsible party may qualify for a 100% discount if the following applies:

1. The client or responsible party has a total household income of less than or equal to 200% of the FPG (Per the most current published Federal Poverty Guidelines) or
2. The client or responsible party has a catastrophic balance that exceeds 25% of their annual household income. (Ref. Appendix #2)
3. Eligible clients will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care.

If a client is determined to be homeless, self-declaration of income may be used. Patients who are unable to produce income documents may provide a qualifying attestation of homelessness, if applicable.

#### **D. List of Providers and Non-Providers**

This Financial Assistance Policy only applies to services provided by AHP at its facilities and services provided by AHP-employed physicians. The list of services covered by the Policy and the sliding fee scale are in the appendixes.

#### **E. Amount Generally Billed-Limitation of Charges**

Financial Assistance Plan-eligible clients will not be charged more than amounts generally billed (AGB) for emergencies or other medically necessary care. The Standard Fee Schedule from the Charge Description Master, CDM, will determine the billed charges.

#### Amounts Generally Billed

Aspire Health Partners (AHP) provides financial assistance and charity care to clients meeting the eligibility criteria outlined above. After the financial assistance adjustment reduces the client's account(s), the client/guarantor is responsible for the remainder of their outstanding liability, which shall be no more than the amounts generally billed. Costs, marketplace analysis, and margin requirements determine rates for services.

#### **1. Client Resources**

The following resources are provided to assist the client in understanding the documentation necessary for the financial application assessment and the requirements of other potential funding sources:



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- a. The client's financial assessment application will summarize the required documents. In special situations, additional documents may be required.
- b. Financial classification has established applicable copays, as indicated in the AHP Fee Schedule. The fee schedule is also available online at: <https://rb.gy/byiii6>
- c. All client forms used in Financial Assessment are available online at : <https://rb.gy/byiii6>

## **2. Re-evaluations**

- a. If the client's income, insurance, or family size significantly changes within the annual rating period for a continuous four-week period or more, it is the client's responsibility to notify the Aspire Health Partners Financial Assessment Department by scheduling a re-evaluation appointment.
- b. Clients may request a re-evaluation due to any status change(s) below:
  - i. Family gross income
  - ii. Change in the number of dependents
- c. The new classification will be applied only to future encounters. Therefore, bills incurred after the initial benefit was determined but before the new benefit shall be discounted based on the Client's initial classification, subject to other methods of reconsideration stated in this policy.
- d. No information and individuals involved in the assessment process will be reported or referred to USCIS or any law enforcement or customs agency. AHP will not use any personal client information outside this organization.

## **3. Appeals**

Clients have the right to appeal their assessment in writing within sixty (60) calendar days of receiving their financial assessment rate.

## **4. Renewals**

Clients may apply for a financial assessment status renewal by calling the Business office at **407-875-3700**.

Documents provided for renewals must be current and renewed every 12 months. A new Financial Assistance Application and applicable documents must be completed and signed upon benefit renewal. The program will notify the client when the renewal is due at the time of the client's visit.

## **5. Presumptive FAP Eligibility**

AHP may use an abbreviated financial assistance approval process for clients or responsible parties on accounts that meet the following criteria:



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- a. If the client is deceased, and no estate has been filed with the court of the client's county of residence after one year from the date of death, he is eligible for a complete charity write-off.
- b. Clients approved for Victims of Crime program coverage are eligible for total charity write-off.

#### **6. EMCP (Emergency Medical Care Policy)**

Aspire Health Partners' policy is to provide emergency care and stabilization to all clients regardless of their ability to pay. If, upon examination, it is determined that emergency care is not medically necessary, Aspire Health Partners may refer to appropriate non-emergent resources.

#### **7. Collection Efforts**

Aspire Health Partners does not use extraordinary collection efforts, report to credit bureaus, or use outside collection agencies to collect bad debts. AHP maintains a separate Billing and Collection Policy that is available upon request. The collection efforts are used for internal use only and to provide guidance when dealing with clients in need.

#### **8. Financial Application Storage**

All Financial Applications will be scanned into Image Quest and noted in the EHR. Furthermore, all reviewed applications will be sent to Patient Accounts to maintain a copy. Any client who receives financial assistance must be reflected in the client's file, and all documents must be scanned into their file.

### **F. Appendices**

- Appendix 1, Plain Language Summary of Financial Assistance Policy
- Appendix 2, Sliding Fee Scale - English
- Appendix 3, Sliding Fee Scale - Spanish
- Appendix 4, Managing Entity Sliding Fee Scale
- Appendix 5, List of Providers covered by the Financial Assistance Policy
- Appendix 6, Application for Financial Assistance - English
- Appendix 7, Application for Financial Assistance - Spanish



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## APPENDIX 1

### Plain Language Summary of Financial Assistance Policy (FAP)

1. As part of its mission, Aspire Health Partners provides financial assistance for emergencies and other medically necessary care to patients who lack the ability to pay for hospital services. This policy summary aims to establish a plain-language guide for evaluating and accepting applicants for financial assistance.
2. Determination of the ability to pay may take into account a number of financial variables, including but not limited to:
  - a. The earning status and potential of the patient's household/family
  - b. Other sources of income
  - c. Household/Family size
  - d. The Financial Assistance Application and the required documents
3. A printed free copy, including a Spanish translation, of the FAP, Plain Language Summary, and application can be obtained on our website at <https://rb.gy/byiii6>
4. Printed copies may also be obtained at 5151 Adanson Street, Orlando, FL 32804, or by calling 407-875-3700 and requesting it be mailed.
5. Aspire Health Partners will charge a person for emergency or other medically necessary care who qualifies under the FAP less than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
6. Financial assistance discounts will be available only for emergencies or other medically necessary healthcare services provided to persons who meet the financial and documentation criteria defined in the FAP policy. This definition also includes any established client receiving services in a federal government, State of Florida, Central Florida Cares Health System, or other county-funded Aspire Health Partners, Inc. program.
7. Patients who are uninsured or underinsured and have a household income at or below 150% of Federal Poverty Guidelines (FPG) may receive free care (a 100% discount.). Based on the current sliding fee scale, individuals with annual household incomes between 151% and 300% FPG will be eligible for a discount for normal charges. This schedule is updated annually to the currently published Federal Poverty Guidelines. The discount will be applied to our fee schedule for those that qualify.
8. For information regarding our Financial Assistance Policy, Financial Assistance Application Form, Billing, and Collections, or assistance with the application process, please contact Patient Accounts at (407) 875-3700, extension 6310, or 6302 to speak with a Patient Accounts supervisor.
9. Financial assistance will be considered at any point in the billing cycle, up to 240 days from the 1st billed date, post-discharge date, or date of service.



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APPENDIX 2  
Sliding Fee Scale  
Based on the Federal Register 2024  
Poverty Guidelines

Poverty Level Range		Percent of Discount	# of Household Members & Household Income							
From	To		1		2		3		4	
			From	To	From	To	From	To	From	To
	100%	<b>100%</b>	\$0	\$ 15,060	\$0	\$ 20,440	\$0	\$ 25,820	\$0	\$ 31,200
101%	150%	<b>100%</b>	\$ 15,061	\$ 22,590	\$ 20,441	\$ 30,660	\$ 25,821	\$ 38,730	\$ 31,201	\$ 46,800
151%	165%	<b>96%</b>	\$ 22,591	\$ 24,850	\$ 30,661	\$ 33,730	\$ 38,731	\$ 42,600	\$ 46,801	\$ 51,480
166%	180%	<b>94%</b>	\$ 24,851	\$ 27,110	\$ 33,731	\$ 36,790	\$ 42,601	\$ 46,480	\$ 51,481	\$ 56,160
181%	195%	<b>89%</b>	\$ 27,111	\$ 29,370	\$ 36,791	\$ 39,860	\$ 46,481	\$ 50,350	\$ 56,161	\$ 60,840
196%	210%	<b>81%</b>	\$ 29,371	\$ 31,630	\$ 39,861	\$ 42,920	\$ 50,351	\$ 54,220	\$ 60,841	\$ 65,520
211%	225%	<b>70%</b>	\$ 31,631	\$ 33,890	\$ 42,921	\$ 45,990	\$ 54,221	\$ 58,100	\$ 65,521	\$ 70,200
226%	240%	<b>56%</b>	\$ 33,891	\$ 36,140	\$ 45,991	\$ 49,060	\$ 58,101	\$ 61,970	\$ 70,201	\$ 74,880
241%	255%	<b>39%</b>	\$ 36,141	\$ 38,400	\$ 49,061	\$ 52,120	\$ 61,971	\$ 65,840	\$ 74,881	\$ 79,560
256%	270%	<b>19%</b>	\$ 38,401	\$ 40,660	\$ 52,121	\$ 55,190	\$ 65,841	\$ 69,710	\$ 79,561	\$ 84,240
271%	285%	<b>10%</b>	\$ 40,661	\$ 42,920	\$ 55,191	\$ 58,250	\$ 69,711	\$ 73,590	\$ 84,241	\$ 88,920
286%	300%	<b>5%</b>	\$ 42,921	\$ 45,180	\$ 58,251	\$ 61,320	\$ 73,591	\$ 77,460	\$ 88,921	\$ 93,600
301%	and above	<b>0%</b>	\$ 45,181	and above	\$ 61,321	and above	\$ 77,461	and above	\$ 93,601	and above

  

Poverty Level Range		Percent of Discount	# of Household Members & Household Income							
From	To		5		6		7		8	
			From	To	From	To	From	To	From	To
	100%	<b>100%</b>	\$0	\$ 36,580	\$0	\$ 41,960	\$0	\$ 47,340	\$0	\$ 52,720
101%	150%	<b>100%</b>	\$ 36,581	\$ 54,870	\$ 41,961	\$ 62,940	\$ 47,341	\$ 71,010	\$ 52,721	\$ 79,080
151%	165%	<b>96%</b>	\$ 54,871	\$ 60,360	\$ 62,941	\$ 69,230	\$ 71,011	\$ 78,110	\$ 79,081	\$ 86,990
166%	180%	<b>94%</b>	\$ 60,361	\$ 65,840	\$ 69,231	\$ 75,530	\$ 78,111	\$ 85,210	\$ 86,991	\$ 94,900
181%	195%	<b>89%</b>	\$ 65,841	\$ 71,330	\$ 75,531	\$ 81,820	\$ 85,211	\$ 92,310	\$ 94,901	\$ 102,800
196%	210%	<b>81%</b>	\$ 71,331	\$ 76,820	\$ 81,821	\$ 88,120	\$ 92,311	\$ 99,410	\$ 102,801	\$ 110,710
211%	225%	<b>70%</b>	\$ 76,821	\$ 82,310	\$ 88,121	\$ 94,410	\$ 99,411	\$ 106,520	\$ 110,711	\$ 118,620
226%	240%	<b>56%</b>	\$ 82,311	\$ 87,790	\$ 94,411	\$ 100,700	\$ 106,521	\$ 113,620	\$ 118,621	\$ 126,530
241%	255%	<b>39%</b>	\$ 87,791	\$ 93,280	\$ 100,701	\$ 107,000	\$ 113,621	\$ 120,720	\$ 126,531	\$ 134,440
256%	270%	<b>19%</b>	\$ 93,281	\$ 98,770	\$ 107,001	\$ 113,290	\$ 120,721	\$ 127,820	\$ 134,441	\$ 142,340
271%	285%	<b>10%</b>	\$ 98,771	\$ 104,250	\$ 113,291	\$ 119,590	\$ 127,821	\$ 134,920	\$ 142,341	\$ 150,250
286%	300%	<b>5%</b>	\$ 104,251	\$ 109,740	\$ 119,591	\$ 125,880	\$ 134,921	\$ 142,020	\$ 150,251	\$ 158,160
301%	and above	<b>0%</b>	\$ 109,741	and above	\$ 125,881	and above	\$ 142,021	and above	\$ 158,161	and above

For each additional person, add \$ 5,380.

Persons not eligible for Medicaid and whose gross family income is less than 150% of the poverty income guidelines shall pay \$3 per day for Outpatient Services and \$2 per day for Residential Services.



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Patients will not be denied services based on their inability to pay. A Sliding Fee Discount Schedule is available for all patients, regardless of insurance status. The discounts are based on the current year's Federal Poverty Guidelines.

The Sliding Fee Discount Schedule Program is available for all patients, regardless of insurance status. The program is solely based on income and family. You may qualify for discounts on your co-payments, coinsurance, and deductibles. Also, if there is a service not covered by your plan, you may also receive a discount. Nominal co-payment for specific service substance abuse and mental/behavioral health services as per the State of Florida, Department of Children and Family, 65E-14.018 or Outpatient treatment services - \$ 3 per day and Residential treatment services - \$ 2 per day.



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APÉNDICE 3  
Normas de descuento de tarifas

Nivel de pobreza Gama		Porcentaje de descuento	# de miembros del hogar e ingresos del hogar							
De	Para		1		2		3		4	
De	Para		De	Para	De	Para	De	Para	De	Para
	100%	<b>100%</b>	\$ 0	\$ <b>15,060</b>	\$ 0	\$ <b>20,440</b>	\$ 0	\$ <b>25,820</b>	\$ 0	\$ <b>31,200</b>
101%	150%	<b>100%</b>	\$ 15,061	\$ 22,590	\$ 20,441	\$ 30,660	\$ 25,821	\$ 38,730	\$ 31,201	\$ 46,800
151%	165%	<b>96%</b>	\$ 22,591	\$ 24,850	\$ 30,661	\$ 33,730	\$ 38,731	\$ 42,600	\$ 46,801	\$ 51,480
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286%	300%	<b>5%</b>	\$ 42,921	\$ 45,180	\$ 58,251	\$ 61,320	\$ 73,591	\$ 77,460	\$ 88,921	\$ 93,600
301%	ysuperior	<b>0%</b>	\$ 45,181	ysuperior	\$ 61,321	ysuperior	\$ 77,461	ysuperior	\$ 93,601	ysuperior

  

Nivel de pobreza Gama		Porcentaje de descuento	# de miembros del hogar e ingresos del hogar							
De	Para		5		6		7		8	
De	Para		De	Para	De	Para	De	Para	De	Para
	100%	<b>100%</b>	\$ 0	\$ <b>36,580</b>	\$ 0	\$ <b>41,960</b>	\$ 0	\$ <b>47,340</b>	\$ 0	\$ <b>52,720</b>
101%	150%	<b>100%</b>	\$ 36,581	\$ 54,870	\$ 41,961	\$ 62,940	\$ 47,341	\$ 71,010	\$ 52,721	\$ 79,080
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271%	285%	<b>10%</b>	\$ 98,771	\$ 104,250	\$ 113,291	\$ 119,590	\$ 127,821	\$ 134,920	\$ 142,341	\$ 150,250
286%	300%	<b>5%</b>	\$ 104,251	\$ 109,740	\$ 119,591	\$ 125,880	\$ 134,921	\$ 142,020	\$ 150,251	\$ 158,160
301%	ysuperior	<b>0%</b>	\$ 109,741	ysuperior	\$ 125,881	ysuperior	\$ 142,021	ysuperior	\$ 158,161	ysuperior

**Por cada persona adicional, agregue \$ 5,380.00**

Las personas que no sean elegibles para Medicaid y cuyo ingreso familiar bruto sea inferior al 150% de las pautas de ingreso de pobreza deberán pagar \$3 por día por atención ambulatoria servicios y \$2 por día para Servicios Residenciales.

A los pacientes no se les negarán servicios por su incapacidad de pagar. Hay un programa de descuentos de tarifas variables disponible para todos los pacientes, independientemente del estado del seguro. Los descuentos se basan en las Pautas Federales de Pobreza del año en curso.

El programa de descuento de tarifas variables está disponible para todos los pacientes, independientemente del estado del seguro. El programa se basa únicamente en los ingresos y la familia. Es posible que califique para descuentos en sus copagos, coseguros y deducibles. Además, si hay algún servicio que no está cubierto por tu plan, también podrás recibir un descuento. Copago nominal por



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servicios específicos de abuso de sustancias y servicios de salud mental/conductual según el Estado de Florida, Departamento de Niños y Familia, 65E-14.018 o servicios de tratamiento ambulatorio: \$ 3 por día y servicios de tratamiento residencial: \$ 2 por día.



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## APPENDIX 4

### MANAGING ENTITY SLIDING FEE

**65E-14.018 Sliding Fee Scale;** for non-hospital servicing in the Aspire Health Partners system of care funded by Central Florida Care Health System, through the State of Florida, Department of Children and Families, as per compliance with rule 65E – 14.018.

The 65E-14.018 Managing Entity grant-based clients shall decide on the ability to pay in accordance with the sliding fee scale for all individuals seeking substance abuse or mental health services. **Payment of fees shall not be a prerequisite to treatment or the receipt of services.**

The sliding fee scale nominal payments of \$ 2 or \$ 3 shall not apply to services provided under the following Covered Services as defined in Rule 65E-14.021. F.A.C:

1. Case Management,
2. Crisis Stabilization, when charging a fee, is contraindicated as specified in Section 394.674(2), F.S.,
3. Crisis Support/Emergency,
4. Drop-In/Self-Help Centers,
5. Information and Referral,
6. Intensive Case Management,
7. Mental Health Clubhouse Services,
8. Outreach,
9. Prevention – Indicated,
10. Prevention – Selective,
11. Prevention – Universal Direct,
12. Prevention – Universal Indirect,
13. Substance Abuse Inpatient Detoxification; and,
14. Substance Abuse Outpatient Detoxification.

All other Central Florida Care Health System / State of Florida / Department of Children & Family services:

1. Outpatient treatment services – \$3 per day.
2. Residential treatment services – \$2 per day



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APPENDIX 5

List of Providers Covered by the Financial Assistance Policy  
**Aspire Health Partners Hospital**

**December 01, 2023**

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F), this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers.

**PHYSICIANS COVERED BY THE FAP**

<b>Kopitnik</b>	<b>Nancy</b>
<b>Gillum</b>	<b>Heather N</b>
<b>Hanley</b>	<b>Allison W</b>
<b>Joseph</b>	<b>Thomas</b>
<b>Roberts</b>	<b>Malcolm D</b>
<b>Zamor</b>	<b>Carl H</b>



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APPENDIX 6

APPLICATION FOR FINANCIAL ASSISTANCE

It is the policy of Aspire Health Partners to provide essential services regardless of the inability to pay. Aspire offers a sliding fee scale based on household (family) size and annual income. Eligibility for assistance will be considered without regard to race, color, gender, age, disability, religion, veteran status, political view, sexual orientation, marital status, financial status, and/or any other characteristics or trait that set any individual apart from other and maybe consider to be used to provide less than equal treatment.

The following information is required for our Financial Eligibility & Responsibility Screening.

The Scale will apply to all eligible services received at Aspire but not those services or equipment purchased from outside, including reference laboratory testing, medication, or diagnostic testing. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Client ID # \_\_\_\_\_

Please list all household members, including those under the age of 18.

	NAME	DATE OF BIRTH
SELF		
OTHER		
OTHER		
OTHER		

SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			



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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 Income:</b>			

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

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Individual Name: \_\_\_\_\_

Approved Scale: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

<b>VERIFICATION CHECKLIST</b>	<b>YES</b>	<b>NO</b>
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Attestation of income may also be used.



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### APÉNDICE 7

#### SOLICITUD DE AYUDA FINANCIERA

Es póliza de Aspire Health Partners brindar servicios esenciales independientemente de la incapacidad de pago. Aspire ofrece una escala móvil de tarifas basada en el tamaño del hogar (familia) y los ingresos anuales. La elegibilidad para recibir asistencia se considerará sin distinción de raza, color, género, edad, discapacidad, religión, condición de veterano, opinión política, orientación sexual, estado civil, situación financiera y/o cualquier otra característica o rasgo que distinga a cualquier individuo de otros y tal vez considerar su uso para brindar un trato menos que igualitario.

Se requiere la siguiente información para nuestra evaluación de elegibilidad y responsabilidad financiera.

La Escala se aplicará a todos los servicios elegibles recibidos en Aspire, pero no a aquellos servicios o equipos adquiridos externamente, incluidas pruebas de laboratorio de referencia, medicamentos o pruebas de diagnóstico. Debes completar este formulario cada 12 meses o si tu situación financiera cambia.

NOMBRE				
CALLE	CIUDAD	ESTADO	CODIGO POSTAL	NUMERO DE TELEFONO

Cliente numero de identificacion

Enumere todos los miembros del hogar, incluidos los menores de 18 años.



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	<b>NOMBRE</b>	<b>FECHA DE NACIMIENTO</b>
<b>USTED</b>		
<b>OTRA/OTRO</b>		
<b>OTRA/OTRO</b>		
<b>OTRA/OTRO</b>		

<b>ORIGEN</b>	<b>USTED</b>	<b>OTHER</b>	<b>TOTAL</b>
Sueldos brutos, salarios, propinas, etc.			
Ingresos de negocios y trabajo por cuenta propia			
Compensación por desempleo, compensación laboral, Seguro Social, Seguridad de Ingreso Suplementario, pagos a veteranos, beneficios para sobrevivientes, pensión o ingresos de jubilación			
Interés; dividendos; regalías; ingresos de propiedades en alquiler, herencias y fideicomisos; pensión alimenticia; manutención de los hijos; asistencia externa al hogar; y otras fuentes diversas			
<b>INGRESOS TOTALES:</b>			

**Certifico que la información sobre el tamaño de la familia y los ingresos que se muestra arriba es correcta.**



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Nombre: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha \_\_\_\_\_

SOLO PARA EL USO DEL AHP

Nombre individual: \_\_\_\_\_

Escala Aprobada: \_\_\_\_\_

Aprobada por: \_\_\_\_\_

Fecha Aprobada: \_\_\_\_\_

LISTA DE VERIFICACION	SI	NO
Identificación/Dirección: Licencia de conducir, factura de servicios públicos, identificación de empleo o otra		
Ingresos: Declaración de impuestos del año anterior, tres talones de pago más recientes o otros		

**También se puede utilizar un certificado de ingresos.**



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<b>Authority:</b>	<b>Date:</b>
<b>Scott Griffiths (Executive Advisor)</b>	<b>03/28/2024</b>
<b>Linda Damm (CFO), Scott Griffiths (Executive Advisor)</b>	<b>03/28/2024</b>