CHARGES, BILLING AND COLLECTION PROCEDURES

1. Clients who are project eligible will not be denied services or subjected to any variation in quality of services because of inability to pay.

2. The sliding fee scale is developed based on federal poverty guidelines. A schedule of discounts from 20% - 100% (20% increments) is applied to individuals with family incomes between 101% - 250% of federal poverty guidelines. Fees are waived for individuals with family incomes above this amount who, for good cause or special circumstances, are unable to pay.

3. Fees for services are set based on the cost analysis of all services provided by the project. Factors taken into consideration include personnel, supplies, lab fees, pharmacology costs, follow-up services, and administration. Fees for services are examined at least every two years and updated when the costs for providing them change.

4. Clients whose documented income is at or below 100% of the federal poverty level will not be charged, although all third parties authorized or legally obligated to pay for services will be billed. See income verification policy.

5. Individual eligibility for a discount must be documented in the client’s record in Ahler’s at every visit.

6. Eligibility for discounts for minors who receive confidential services will be based on the income of the minor. For minors seeking non-confidential services, household income will be used in determining eligibility for discounts.

7. Bills to clients will show total charges less any allowable discounts.

8. Bills to third parties will show total charges without applying any discount.

9. Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency will be procured.

10. Voluntary donations from clients are permissible. However, clients will not be pressured to make donations, and donations are not a prerequisite for providing services or supplies. Donations from clients do not waive the billing/charging requirements set out above.

11. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.
   a) For uninsured patients on the sliding fee scale, every effort will be made to collect payment at the time of the visit. At the time of visit a detailed receipt of the visit is offered to outline their charges. Clients with unpaid balances will be sent a statement reflecting the past due amount. When payment is made, it will be entered in the computer on the patient’s account.
   b) Claims to third party payers (Medicaid, commercial insurance, or other services) will be submitted at least weekly. Any co-pays the client owes will be requested at time of service or billed to client. Any payment received from third party payers for a covered service will constitute payment-in-full unless the explanation of benefits indicates an amount identified as “patient responsibility”.
c) If a client is responsible for charges based on her/his deductible, s/he will be charged no more than s/he would be required to pay based on their position on the sliding fee scale.

12. Annually, accounts over 365 days old are written off.

13. Records of client income will be kept and evaluated at least annually.

14. For clients with confidentiality issues, the following practices will occur:
   a) Uninsured clients who have requested no contact from the FPA will not be sent an invoice for any unpaid balance. Staff will attempt to collect payment at subsequent visits only.
   b) Clients with insurance carried in the name of another family member who are seeking confidential services will be charged according to the sliding fee scale rather than having their insurance billed.

15. The Executive Director, Director of Nursing, or a clinician in their absence, has the authority to waive fees for individuals who are unable, for good cause to pay for family planning services. Staff will consult one of these individuals when this situation arises.
<table>
<thead>
<tr>
<th>Discount</th>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Each additional member add</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI 100%</td>
<td>Weekly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 to 85</td>
</tr>
<tr>
<td>V 80%</td>
<td>Weekly</td>
<td>241</td>
<td>326</td>
<td>411</td>
<td>496</td>
<td>581</td>
<td>666</td>
<td>751</td>
<td>836</td>
<td>85 to 117</td>
</tr>
<tr>
<td>IV 60%</td>
<td>Gross</td>
<td>332</td>
<td>449</td>
<td>567</td>
<td>684</td>
<td>801</td>
<td>918</td>
<td>1,036</td>
<td>1,153</td>
<td>1,18 to 149</td>
</tr>
<tr>
<td>III 40%</td>
<td>Gross</td>
<td>421</td>
<td>570</td>
<td>718</td>
<td>867</td>
<td>1,016</td>
<td>1,165</td>
<td>1,313</td>
<td>1,462</td>
<td>1,50 to 181</td>
</tr>
<tr>
<td>II 20%</td>
<td>Gross</td>
<td>512</td>
<td>693</td>
<td>874</td>
<td>1,055</td>
<td>1,236</td>
<td>1,417</td>
<td>1,598</td>
<td>1,779</td>
<td>1,82 to 213</td>
</tr>
<tr>
<td>I 0%</td>
<td>Gross</td>
<td>601</td>
<td>813</td>
<td>1,026</td>
<td>1,238</td>
<td>1,451</td>
<td>1,663</td>
<td>1,876</td>
<td>2,088</td>
<td>213 plus</td>
</tr>
</tbody>
</table>

Services will not be denied due to inability to pay.

Source: Federal Register J Feb. 1, 2019