



NUMINUS

FOR AMERICAN FORK ONLY

Sliding Fee Discount Program Policy 2023

EFFECTIVE DATE: January 1, 2023

POLICY: To make available free or discounted services to those in need.

PURPOSE: All patients seeking standard psychiatric and psychological healthcare services at Numinus 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 program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Numinus will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Numinus will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE:

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

1. **Notification:** Numinus will notify patients of the Sliding Fee Discount Program by:
 - a. Payment Policy Brochure will be available to all patients at the time of service.
 - b. Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
 - c. Sliding Fee Discount Program application will be included with collection notices sent out by Numinus.
 - d. An explanation of our Sliding Fee Discount Program and our application form are available on the Numinus website.
 - e. Numinus places notification of Sliding Fee Discount Program in the clinic waiting area.
2. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.
3. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
4. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Numinus as disclosed on the application form.
5. **Eligibility:** Discounts 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. Numinus 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; public assistance; 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.

6. **Income verification:** Applicants may provide one of the following: prior year W-2, three 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. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.
7. **Discounts:** Approved patients 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.
8. **Nominal Fee:** Patients 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. The nominal fee will be \$40 per visit. This nominal fee will be waived if it is less than 15% of the original charge.
9. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. In these cases a financial counselor will work with the patient to determine if a payment plan or other payment option is available. Waiving of charges must be approved by Numinus' designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
10. **Inclusions:** The discounts only apply to our basic core services in our **North Orem/American Fork** location. The majority of these services will be coded based on time spent face-to-face with the patient. All applicable AMA CPT rules will be followed in code selection. Minor in-house labwork and medication may be discounted, but our staff will work with you prior to receiving these services to verify whether the specific lab or medication is included.
11. **Exclusions:** No discounts will be applied to services received at any other location outside of North Orem/American Fork. There will be no discounts on Office Fees, or specialty services and treatments such as those related to Ketamine, Spravato, TMS or psychological testing.
12. **Insured Patients:** In some instances the discounted fees may be applied to insured patients. Our payer contracts will determine whether the discounts will be applied while submitting the initial claim to your insurance, or towards the patient responsibility after insurance processes.
13. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) 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 or denied, Numinus will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient 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. 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.
14. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Numinus can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections. Patients on the Sliding Fee Plan who are sent to collections will not be dismissed from the clinic.
15. **Collections Policy:** As outlined in our Financial Agreement, payment in full is due within 60 days from the date of service. If payment in full is not made by that time, we will attempt to notify you by phone and mail of the delinquent status of the account, and a \$25 late fee will be added to the balance. If the balance is still unpaid 30 days after that notice, the account may be sent to a collections agency. When this happens you will be charged additional fees as provided by §12-1-11 of the Utah Code Annotated, including but not limited to collections fees, interest, and legal fees. Your credit rating may be adversely affected.
16. **Record keeping:** In an effort to preserve the dignity of those receiving free or discounted care, information related to Sliding Fee Discount Program decisions will be maintained and preserved in a limited-access folder of our cloud-based record system. Paper forms will be shredded once their image is saved to the folder.

- a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Numinus' practice management system, noting names of applicants, dates of coverage and percentage of coverage.
- b. 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.

- 17. **Policy and procedure review:** The SFS will be updated based on the current Federal Poverty Guidelines. Numinus will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
- 18. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

The charges from Jan 1, 2023 through December 31, 2023 are as follows:

2023 SLIDING FEE SCHEDULE - AMERICAN FORK

	At or Below 100%	125%	150%	175%	200%	>200%
Family Size	Income Up To					
1	\$ 14,580.00	\$ 18,225.00	\$ 21,870.00	\$ 25,515.00	\$ 29,160.00	\$ 29,160.01
2	\$ 19,720.00	\$ 24,650.00	\$ 29,580.00	\$ 34,510.00	\$ 39,440.00	\$ 39,440.01
3	\$ 24,860.00	\$ 31,075.00	\$ 37,290.00	\$ 43,505.00	\$ 49,720.00	\$ 49,720.01
4	\$ 30,000.00	\$ 37,500.00	\$ 45,000.00	\$ 52,500.00	\$ 60,000.00	\$ 60,000.01
5	\$ 35,140.00	\$ 43,925.00	\$ 52,710.00	\$ 61,495.00	\$ 70,280.00	\$ 70,280.01
6	\$ 40,280.00	\$ 50,350.00	\$ 60,420.00	\$ 70,490.00	\$ 80,560.00	\$ 80,560.01
For families/households with more than 6 persons, add \$5,140 per person						
MD Providers:	Nominal Fee	Rate				
Core Services, per hour	\$40	\$140	\$200	\$260	\$320	\$380
Mid Level Providers:	Nominal Fee	Rate				
Core Services, per hour	\$40	\$100	\$140	\$180	\$220	\$260
Psychotherapy	Nominal Fee	Rate				
PhD Therapy Providers, per hour	\$40	\$100	\$120	\$140	\$160	\$180
Masters & Associate Therapy Providers, per hour	\$40	\$60	\$80	\$100	\$120	\$140
Other	Nominal Fee	Patient Responsibility				
Labwork (In-House)	\$40*	15%	30%	45%	60%	75%
Medication (Excluding Spravato, Ketamine, etc)	\$40*	15%	30%	45%	60%	75%

* The \$40 nominal fee is waived if less than 15% of the total charge.