

Sliding Fee Discount Program

Policy

Purpose

Intermountain offers a sliding fee discount to those who have no means, or limited means, to pay for outpatient services. This policy is reviewed annually to align with current guidelines and processes.

Scope

Applies to clients receiving outpatient services. Does not apply to residential.

Overview

The sliding fee discount program is designed to minimize financial barriers to care for clients at or below 300 percent of the Federal Poverty Guidelines (FPG). Clients are assured that they will be served regardless of ability to pay and no one is refused service because of lack of financial means.

This program is designed to provide a nominal fee or discount to those who have no means, or limited means, to pay for their services (uninsured or underinsured).

Procedure

Overview

Intermountain offers a sliding fee discount to all who are unable to pay for their services. Intermountain will base program eligibility on a person's ability to pay only 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 FPG is used in creating, and annually updating, the sliding fee schedule that is used to determine eligibility.

Clients will not be denied services due to an inability to pay.

Notification

Clients are notified of the sliding fee option upon admission. Signage is postage at the front desk as well as through the company website and a brochure is available in the waiting area of the Community Service Center (CSC) building. Information is also available on the website at www.intermountain.org.

Eligibility

Clients must complete an application completely and provide proof of income through submission of a W-2, two most recent paystubs, or a statement of zero income.

Intermountain may serve clients with third-party insurance that does not cover or only partially covers fees for services. These clients may also be eligible for a sliding fee discount based on income and family size. In such cases, subject to potential legal and contractual limitations, the charge for each sliding fee discount is the maximum amount an eligible client is required to pay, regardless of insurance status.



Application

The administrative staff will send an online application to the client or parent/legal guardian, through PandaDoc, upon request. A printed application is available upon request. A printed copy of a submitted application is available upon request. An application is not sent to every client. Supporting documentation must be received within two weeks of the date the application is sent. If not received, the application will be denied and the client will need to re-apply. If the client needs any assistance completing the application, support staff will be made available to assist with the completion of the application.

Providing false information on the application will result in all discounts being revoked and the full balance owing on the account(s) restored and payable, immediately.

Clients must re-apply annually, or upon a change in the financial situation.

Discount

The discount a client will receive is based on the income of the responsible party. If the responsible party falls below 100% of the FPG, a nominal charge of \$5.00 per visit will be assessed, if below 125%, the nominal charge is \$10.00. If the responsible party are unable to pay the discounted fee, a request can be made to the billing supervisor but will only be approved in special circumstances.

Effective

Approved discounts are effective for dates of service six months prior to the date of the application, and 12 months after the approved date, unless financial situations change.

Related Policies/ Forms

Sliding Fee Application

References/ Citations

https://aspe.hhs.gov/poverty-guidelines



Revision Dates and Approvals

Approval Signatures	Below are the signatures required to	execute this policy.	
Jamie Palagi, C	hief Executive Officer	Date	
Jennifer William	s, Chief Administrative Officer	Date	
Revisions	Below is the revision information for this policy.		
Update:	Converted to the new format.		
	Updated to align with current regulations and federal loan repayment program requirements.		
Effective Date:	06/2024	Replaces Policy Dated:	07/01/2021
Department:	Company Wide - All	-	