HMC is here to serve the entire community, including people who may not have regular access to health care because of distance and/or economics. In order to facilitate that access, HMC offers a program of discounted fees to those clients that are economically challenged, uninsured, or underinsured and therefore unable pay the standard fees for service at the Center. The following assumptions are used in the development and implementation of the discount program. A discount application/agreement form must be filled out and submitted to HMC. It is expected that the application be completed and returned prior to the first visit. If there is an acute visit, the application needs to be returned within one week and a minimum co-pay of $10.00 expected at the time of service. If the application is not returned in one week with documentation, the patient will be billed the full undiscounted amount. Using the eligibility screening tool on the commonhelp.virginia.gov website, any patient that might qualify for Medicaid will be offered help filling out a Medicaid application OR directed to our local Social Services office. If the patient is then denied Medicaid, HMC can require a copy of the rejection letter.

1. No one is denied medical or dental services because of a lack of ability to pay. This does not mean that services are free, as would be the case in a free clinic. Rather, the fees are discounted in a manner to make health care more affordable, and payment plans are available for those that need extra time to pay their bills. Patients are asked to pay before they see a clinician.
2. The discount program is based on “household income,” which is usually considered as a unit. A “household” is defined as a group of related or unrelated individuals occupying the same living quarters and providing support and sharing expenses. In some cases there may be two households living together but separating out living expenses. An adult household member may be excluded, under certain circumstances, in which case he or she is not counted toward household size, and his or her income is excluded. Any adult being counted must include his or her income. If the applicant has no income, a self declaration statement must be written and signed.

3. The standard reference point for determining household size and income levels is the Internal Revenue Service. So, for example, dependent children living at home are those as defined by the IRS if they are to be counted as household members.

4. Income will ordinarily include the “gross” income for the household.

5. A “lack of ability to pay” is not the same as a patient’s failure or refusal to pay a bill. Rather, ability to pay is considered to be reflected in the relationship of income and household size to what the federal government considers “poverty.” The payment scales used by HMC for medical and dental service fees are developed based on income categories established by the U.S. Census Bureau in defining the Federal Poverty Level. In cases in which IRS documentation is minimal or non-existent, patient and/or household interviews may be conducted in order to establish the routine living expenses and how these expenses are met. If found to be eligible for the discount program, a patient is assigned a rate from the sliding scale table which is thereafter applied for his or her visits to the Center. The scale intervals are updated annually and differ for the medical and dental services. Income documentation must be updated
annually. All patients are eligible for payment plans and subject to the same payment and collection policies. Dental patients can take advantage of the CareCredit payment plan.

6. Exclusions: Pharmacy charges are not included in the discount program. HMC does have programs available to help with pharmacy costs, for which some patients may be eligible. If a patient qualifies for company-sponsored indigent medication or laboratory services those resources are made available. Dental lab fees are not included in the slide A nominal fee.

7. Implementation of the discount program will be achieved by the executive director in cooperation with the appropriate staff of the Highland Medical Center.

8: Although the fee for patients eligible for the discount program is applied to each visit, there may be patients with circumstances that require that they visit the Center very frequently, even daily, for patients with chronic conditions requiring daily management. In these cases, and with the approval of the executive director, a fee may be applied to cover more than one visit.

9. Medical, Behavioral Health and Physical Therapy Sliding Scale Discount If the patient qualifies for the Sliding-fee Discount, the patient is charged a flat rate fee of $10.00, $15.00, $20.00 or $25.00 based on his or her household income category. Payment is expected before the patient sees a clinician, or arrangements must be made to pay in the future. Collection policies for households on sliding scale are the same for any other patients for the amount they owe.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Income level</th>
<th>Medical, Behavioral Health and Physical Therapy services fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide A</td>
<td>100% FPGL and below</td>
<td>$10 per visit</td>
</tr>
</tbody>
</table>
## Dental Sliding Scale Discount

HMC's Sliding Fee Scale for Dental (subject to change) and the services to be provided are divided into four categories: A, B, C, and D, with fees as follows:

<table>
<thead>
<tr>
<th>Categories</th>
<th>Income level</th>
<th>Dental services fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide A</td>
<td>100% FPGL and below</td>
<td>$60 per visit for Basic Services (as defined)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$400 per Complex Procedure plus lab cost (as defined)</td>
</tr>
<tr>
<td>Slide B</td>
<td>101-150% of FPGL</td>
<td>Discount 30% of full fee (all procedures).</td>
</tr>
<tr>
<td>Slide C</td>
<td>151-175% of FPGL</td>
<td>Discount 25% of full fee (all procedures).</td>
</tr>
<tr>
<td>Slide D</td>
<td>176-200% of FPGL</td>
<td>Discount 20% of full fee (all procedures).</td>
</tr>
<tr>
<td>Over 200% of Poverty</td>
<td>Not eligible for sliding fee discount</td>
<td>Full fee as described in the HMC dental fee schedule.</td>
</tr>
</tbody>
</table>

**Dental Services included:**

For Ultrasound services - slide A patients, the fee is $125.00, for Slide B, C, and D services are discounted at 20% of the regular HMC fee.
Basic and complex dental procedures are included under the sliding fee scale. Definitions:

Basic services are defined to include all of the following:

- Basic dental screenings and recommendations for preventive intervention;
- Oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral prophylaxis, as necessary, and cancer);
- Oral prophylaxis, as necessary; and topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply;
- Application of sealants;
- Diagnostic screening for caries and periodontal disease through the use of dental x-rays; and
- Diagnosis and treatment of disease, injury or impairment in teeth and associated structures of the oral cavity through fillings, periodontal cleanings and extractions.

Complex procedures include only the additional services of:

- Single unit crowns;
- Surgical and non-surgical endodontics;
- Periodontal surgeries; and
- Bridges or dentures.

Orthodontics is not included in HMC dental services.

**PAYMENT PLANS**

Payment Plans are offered by CareCredit services.

Collection policies for patients on sliding scale are the same for any other patients for the amount they owe.

11. **Laboratory Discount.** Self pay and Commercial insurance patients meeting the eligibility for the Sliding Scale Discount at Highland Medical Center will be charged a flat-rate fee of $10.00 per blood draw and $5.00 for tests ordered from LABCORP. (There are lab tests that are not discounted to Highland Medical Center that may be excluded and are not eligible to be discounted)
Patients over 200% of poverty are not eligible for the sliding fee discount.