The Sliding Fee Discount Program is a federal program that permits Nevada Health Centers to discount normal charges for either a medical or dental visit. According to federal law, it requires two pieces of information in order to qualify: the amount of money earned in the household and the number of people who live in the household.

In order to be eligible for the Sliding Fee Scale, you must provide accurate and acceptable proof of income as well as a list of all persons living in the household within 30 days of the date you signed this application. If you do not submit the information according to policy and your balance remains outstanding, you automatically authorize Nevada Health Centers to send your outstanding balance to a third party collection agency. Nevada Health Centers will back date the application 30 days.

You must report any changes in family income or number of members in the household when these changes occur. Falsification of this information will result in forfeiture of Sliding Fee Scale privileges and possible release from the practice as it is a violation of Federal Law.

Eligibility

All Nevada Health Center patients are eligible to apply for the slide. Determination of the discount, if any, is dependent upon household income and household size in comparison to the current Federal Poverty Guidelines. The discount may apply to Insurance / Medicare deductibles as well as non-covered services. The discount does not apply to insurance co-pays.

Term

Information must be updated every twelve (12) months or with any change of household income or change in the number of individuals residing in the home resulting in a change of the household size.

DEFINITIONS AND EXAMPLES OF ACCEPTABLE PROOF REQUIRED

Income Determination

1. Income is based on the gross income of all household members earning income.

2. Income used to compute poverty status:
   a. Includes earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
   b. Noncash benefits (such as food stamps and housing subsidies) do not count.
   c. If a person lives with a family, add up the income of all members in the household.

3. Acceptable forms of proof for determining income include the following.
   a. Income Tax Return: A signed copy of the most recent tax return showing Adjusted Gross Income.
   b. Pay check stubs: Two or more consecutive pay stubs indicating gross pay within the past thirty (30) days.
BACKGROUND OF SLIDING FEE DISCOUNT PROGRAM

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   c. Agency letter: A letter from the Social Security Administration, Veterans Administration or Social Service Agency (i.e., AFDC, Food Stamps, or WIC) indicating income level.
   d. Unemployment Verification: Paperwork from the Employment Securities Commission (ESC) proving unemployment status and the amount of unemployment compensation being received.
   e. Court Documents: Official documents citing child support or alimony as awarded by a judge.
   g. Employer Letter: For those not receiving an actual pay check, a letter from the patient's employer detailing current gross income and frequency of pay periods may be accepted. Contact information must be provided so that information can be verified.

Household Size Determination

1. All members of a household who are pooling financial resources including room and board and/or are supporting one another financially are counted as one household.

2. Household size can be documented with any of the following.
   a. A copy of the most recent tax return showing household size.
   b. Social Security card
   c. Birth Certificate
   d. Medicaid cards for any dependent children
   e. Driver's License or State ID cards
   f. Court or government documents that indicate the number of members in household
   g. Rental agreements or a letter from the landlord that indicates the number of household members. Contact information must be provided so that information can be verified.