Heart of Kansas Family Health Care, Inc
Discount Eligibility Information

Why does Heart of Kansas need to know your household income?
Being an FQHC, some of our funding is provided to us through certain grants. For most of these grants, income information from all of our patients is necessary to prove financial need in the communities we serve. In order to get and keep these grants, we need to provide income information to prove that we are serving the people the grant money is intended for.

How do I qualify?
All applicants are asked to provide proof of household size and income to qualify for discounted fees. There is a 48 (business) hour grace period from the date of your visit to the time the application needs to be returned. Along with the application, valid proof of income must be included. If the application and proof of income is not returned within 48 hours, you will be responsible for 100% of charges. If this information is returned within the given 48 hours and the patient qualifies for the sliding fee discount, adjustments will be made starting with the date the application was first provided to the patient. Information will be updated at least once every year, or anytime your income, household size and/or medical insurance status changes. It is your responsibility to keep an up to date sliding fee discount application with Heart of Kansas.

Nominal Fees:
Heart of Kansas requires that patients eligible for discount pay a nominal fee for each Medical and Behavioral Health visit. The nominal fee required may differ depending on the level of discount a patient's application has determined them to fall under. Additional fees may be required for other services/programs offered by our clinic such as but not limited to: Patient Assistance Program for medication, Heart of Kansas vouchers, glucose monitor strips, as well as a few specific services that hold their own flat fee regardless of sliding fee scale qualification. Nominal fee charges are subject to change and will be prompted to collect at the time of service.

Terms Defined

Income: total monies before taxes from all sources such as but not limited to:

- Wages and salary
- Receipts from Self-Employment
- Income from dividends, interest, or income from estates or trusts
- Supplemental benefits from workers comp.
- Regular payments through:
  - Social security
  - Disability
  - Unemployment
  - Child support Alimony
  - Assistance from family or Friends
  - Government or private pensions

Household: all persons living within a single address, related or not, who share cost of living or are otherwise supported by one or more forms of income within the home.

FQHC (Federally Qualified Health Center): community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and following Medicare/Medicaid guidelines in order to qualify for grant funding allowing them to provide additional services and financial assistance to the community.

Please submit all required documentation together for the Heart of Kansas sliding fee application**. Along with your proof of address (Utility Bill).** If the application and supporting documents are not received together the application is incomplete. We are unable to process incomplete applications

If you have any questions, please call (620)792-5700 Ext 147

Thank You, April Trantham (Billing Assistant)

Please continue to the next page to fill out our application in order to determine eligibility for discounted services.

Sliding Fee Scale Application

Discount Determination

ALL INFORMATION IS REQUIRED TO QUALIFY!!

Patient Name: _____ **Date of Birth:** _____

Do you have current insurance? (circle one): YES NO

*Household Size				
Name	**ID**	**DOB**	**Relation**	
				A Household is defined as all persons living within a single address, related or not, who share cost of living or are otherwise supported by one or more incomes within the home.

Household Income						
Income from Employment (wages/salary earned from work)						*** Proof of Income** will be required for any and all income within the household. Examples include: Paycheck stubs, current tax return, State of KS paperwork related to income, KS Department of Revenue paperwork, letter from employer on company letterhead, or court paperwork regarding child support or alimony.
Name	**Rate of Pay**	**(Please circle)**			**Hours per week**	
You	$	Per	or	Salary		
Spouse/Partner	$	Per	or	Salary		
Child	$	Per	or	Salary		
Child	$	Per	or	Salary		
Child	$	Per	or	Salary		
Other	$	Per	or	Salary		
	$	Per	or	Salary		

Other Income	You	Spouse	Children	Other	Subtotal
Social Security/Disability					
Unemployment					
Child Support/Alimony					
Retirement					
Self-Employment					
Work Comp. Benefits					
Other					
					$

NOTE: ***To comply with federal regulations and to provide you a discount on our services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year.***

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program. I hereby acknowledge that I have read the foregoing disclosure and understand it.

Signature: Print (If Parent/Guardian): _____

Signature: Sign: _____ Date: _____

Print (If Parent/Guardian): _____ Date: _____