



Sliding Fee Discount Program Acknowledgment Form

Fetter Health Care Network must have a Sliding Fee Discount Program (SFDP) which ensures that patients have use of all services in the health center, regardless of their ability to pay. Specifically, the sliding fee discount program must include the following:

- (1) A listing of fees for services;
- (2) A corresponding list of discounts for eligible patients that is adjusted based on the patient's ability to pay; and
- (3) Board-approved policy and procedures, including those around billing and collections.

While the sliding fee discount program supports that patients can be monetarily invested in their care based on their ability to pay, it is intended to decrease financial burden to care for patients at or below 200 percent of the Federal Poverty Guidelines (FPG). Therefore, neither the fees themselves nor the supporting operating procedures for assessing patient eligibility and collecting payment should not care.

Please Initial:

_____ I understand the Sliding Fee Discount Program and agree to complete the Sliding Fee application.

_____ I understand the Sliding Fee Discount Program and refuse to complete the Sliding Fee application.

I understand my refusal to complete the Sliding Fee Scale Application means that you cannot be assessed for discount programs. Therefore you will be required to pay 100% for services provided by Fetter Health Care Network after any insurance payment and adjustment.

Patients' Name (Please Print)

Date

Patient's Signature

FHCN Employee's Signature

Date