

## SLIDING FEE DISCOUNT PROGRAM

### ***What is the Sliding Fee Discount Program?***

The Sliding Fee Discount Program allows patients who are uninsured to receive healthcare services for a reduced cost at CareSouth Medical and Dental (CSMD) health clinics. This discount is based on your FAMILY SIZE and INCOME determined semi-annually by the federal government “Poverty Guidelines”.

### ***Who can apply for Sliding Fee Discount Program?***

CSMD accepts all patients regardless of their insurance or financial status. We are a Federally Qualified Health Center (FQHC) which allows us to offer a wide range of health care services to patients through the sliding fee discount.

### ***How do I apply for the Program?***

To be eligible for the Sliding Fee Discount Program, an individual is required to:

- Complete a one-page application
- Provide picture identification
- Provide proof of household income or financial assistance, and total number of people living with you.
  - *Household income is defined as “Gross Income earned from ALL persons residing (living) within the home”*
  - *Proof of Income: a paycheck stub, yearly income tax return, copies of your social security/food stamps award letters, or other supporting documents you may receive as proof of family income*

### ***What does the patient pay for services?***

Upon check-in, the patient will be responsible for the amount according to their Sliding Fee Discount.

### **Sliding Fee Discount Rates**

**Medical Nominal Fee** for Scale “A” Office Visits only \$25; which also includes the following labs: 80053, 80061, 81001-81003 & 85025

**Dental Nominal Fee** for Scale “A” \$40; which includes the following codes: D0120, D0140, D0145, D0150, D0170, D0180, D0210, D0220, D0230, D0240, D0270, D0272, D0274 & D0330. All other office visits and/or procedures are discounted at the following percentages:

|                         |                         |
|-------------------------|-------------------------|
| <b>A</b> – 85% Discount | <b>D</b> – 40% Discount |
| <b>B</b> – 80% Discount | <b>E</b> – 20% Discount |
| <b>C</b> – 60% Discount | <b>F</b> – 0% Discount  |

### ***Billing for Services***

All co-pays are due at the time of service. If a patient is unable to pay the balance at the time of service, a promissory note will be offered and all remaining charges will be billed to the patient.

***To qualify for this discounted rate, please contact our office at (225) 650-2000 for further details.***