

RAWLINS CLINICS Discount Fee Policy

Policy

It is the policy of Rawlins County Health Center/Rawlins Clinics to provide essential medical services regardless of the patient's ability to pay. Discounts are offered based upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for one year, after which the patient must reapply.

Discount Application Process

A completed application including required documentation of the home address, household income, and insurance coverage and income verification documents such as the most recent income tax return and/or the last 3 months of paystubs must be on file and approved by the clinic office manager before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

The patient must pay their share of the charges for the services at the time of service.

Adolescent patients seeking confidential care are exempt from the application process, and services are provided at the nominal rate.

Services Covered and Excluded

Medical:	The discount is applied to all in-office services supplied by Rawlins Clinic health care providers.
Pharmacy:	Samples are provided, when available, without charge.
Lab & X-ray:	The discount is applied to in-office laboratory. Laboratory tests and x-rays at the hospital and consulting radiology interpretations are excluded.

RAWLINS CLINICS Discounted/Sliding Fee Application

It is the policy of Rawlins County Health Center/Rawlins Clinics, to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services which are performed at the Rawlins County Health Center (Hospital), including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. This form must be completed at least annually. If your income changes, you may be asked to complete a new application. Please inquire at the front desk if you have questions.

Name of Head of Household			Place of Employment		
Street	City	State	Zip	Phone	
Health Insurance Plan			Social Security Number (optional)		

Number of related persons living in your household: _____

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social security, pension, annuity, and veteran's benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend, and other income				
Total Income				

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment, and public aid.

Verification Checklist (attach copies)	Yes	No
Identification/Address: Driver's license, birth certificate, employment ID, social security card or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance card(s)		
Medicaid: Application made or evidence of rejection.		

Please sign on next page:

I certify that the family size and income information shown above is correct.
Copies of tax returns, pay stubs, and other information verifying income may
be required before a discount is approved.

Name (Print)

Signature

Date

Office Use Only

Discount approved: _____ Effective date: _____

Approved by: _____ Expiration date: _____