

Name of Practice: **Apex Denture Studio**

Effective date: 10/01/2024

**POLICY:** To make available discount services to those in need and who qualify.

**PURPOSE:** This program is designed to provide discounted care to those who have no means, or limited means, to pay for their services (uninsured or underinsured).

Apex Denture Studio will offer a Sliding Fee Discount Program to all who are determined to be unable to pay for their services in full. Apex Denture Studio will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>) are used in creating and annually updating the sliding fee schedule to determine eligibility.

**PROCEDURE:** These guidelines are to be followed in providing the Sliding Fee Discount Program.

**1. Notification:** Apex Denture Studio will notify patients of the Sliding Fee Discount Program by:

- An explanation of our Sliding Fee Discount Program and our application form are available on our website.
- Apex Denture Studio places notification of Sliding Fee Discount Program in the Spokane WA clinic waiting area.

**2. Provision of services:** Discounts will not be withheld so long as the patient completes all required forms, submits all supporting documentation and are found to be eligible in the application process.

**3. Requests for discount:** Requests for discounted services may be made by patients, family members, social services staff, or others who are aware of existing financial hardship.

Discounted services would apply effective the date of application approval going forward.

Information and forms can be obtained from the Front Desk.

**4. Administration:** The Sliding Fee Discount Program procedure will be administered through Apex Denture Studio or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered after completion of

the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.

**5. Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal, State, Foundation and private programs.

**6. Application:** The patient or responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Apex Denture Studio access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

**Initial application:** If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

**Renewal applications:** A patient who receives discounted services under this policy is required to submit an updated application every 12 months or if their financial situation changes. Failure to meet the annual financial information requirement may result in the patient no longer being eligible for the Sliding Fee Discount Program. If a patient is delinquent in meeting the updated annual application requirement, Apex Denture Studio will request at the next visit that they submit the required updated application and financial information. If a patient does not submit the renewal information, they are no longer eligible for the discounted services.

**7. Discounts:** Discounts will be based on income and family size only. Apex Denture Studio defines a family as head of household, spouse, and dependent children.

**8. Income 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. Noncash benefits (such as food stamps and housing subsidies) do not count.

**9. Requirements:** Applicants must provide a complete application along with the Self-declared income statement. Adequate information must be made available to determine eligibility for the program. This statement will be reviewed and final determination as to the sliding fee percentage will be made. Self-declared income patients will be responsible for 100% of their charges until management determines the appropriate category.

**10. Updates:** The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines (<http://aspe.hhs.gov/poverty>).

**11. Notice:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial.

The applicant has the option to reapply after the 12 months have expired or any time there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

**12. Refusal to pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Sliding Fee Discount Program application will be sent with the notice.

If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Apex Denture Studio can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring for patient collections efforts.

**13. Storage of information:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential server attached to their dental chart records, in an effort to preserve the dignity of those receiving discounted care.

Sliding Fee Scale Guidelines:

Tier	Discount applied*	Poverty guideline limits	Qualifying Services
1	30%	0-100%	All Services
2	20%	101-200%	All Services
3	10%	201-300%	All Services
4	0%	301% and up	All Services

\*Discounts applied to UCR fees determined by each clinic location. Charges may differ for each clinic.