



NHSC Site Application Process: Sliding Fee Discount Policy

Paige Recker

Access to Care Manager

*Michigan Center for
Rural Health*

Home » [NHSC Sites](#) » How to Meet NHSC Site Eligibility Requirements

How to Meet NHSC Site Eligibility Requirements

To become a National Health Service Corps (NHSC)-approved site, your facility must meet the requirements in the [NHSC Site Reference Guide](#) (PDF - 807 KB) and [NHSC Site Agreement](#) (PDF - 291 KB).

This page provides an overview of NHSC eligibility requirements.

Give Feedback

<https://nhsc.hrsa.gov/sites/eligibility-requirements>

Sliding Fee Discount Policy

Sliding Fee Discount Program Policy

All aspects of your Sliding Fee Discount Program should be based on written policies, applied uniformly to all patients (including both uninsured and underinsured), and supported by operating procedures. At a minimum, your policy should address the following areas:

1. Patient eligibility, including:
 - a. Frequency of patient eligibility re-evaluation
 - b. Income definition
 - c. Family size definition
2. Documentation and verification requirements to determine patient eligibility.
3. How your site advertises the Sliding Fee Discount Program to the patient population to increase access to care.
4. An explanation of the nominal charge, including the site's policies on how it establishes and collects nominal charges (e.g., what constitutes "refusal to pay").
5. Description of its collection policies for outstanding debt (if applicable to Sliding Fee Discount Program patients).

Sliding Fee Discount Program Patient Application

Your Sliding Fee Discount Program application should be limited to family size and income questions.

Additional questions that should not be included in the Sliding Fee Discount Program application include those related to a patient's social security number, citizenship status, housing status or marital status. Sites also must not use credit checks, payment history, **Medicaid denial letters, asset tests, or "net worth" (combining assets and income)** tests when determining eligibility for individuals and families with annual incomes at or below 200 % of the most current Federal Poverty Guidelines.

Sliding Fee Discount Policy Example

APPENDIX C

Sample Sliding Fee Discount Program Policy, Application, And Schedule

SAMPLE SLIDING FEE DISCOUNT PROGRAM POLICY

ABC HEALTH CARE CLINIC BUSINESS OFFICE POLICIES

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: March 1, 2023

POLICY: To make available free or discounted services to those in need.

PURPOSE: All patients seeking health care services at ABC HEALTH CARE are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

ABC HEALTH CARE CLINIC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. ABC HEALTH CARE CLINIC will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The [Federal Poverty Guidelines](#) are used in creating and annually updating the sliding fee schedule to determine eligibility.

PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: ABC HEALTH CARE will notify patients of the Sliding Fee Discount Program by:
 - Payment Policy Brochure will be available to all patients at the time of service.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
 - Sliding Fee Discount Program application will be included with collection notices sent out by ABC HEALTH CARE.
 - An explanation of our Sliding Fee Discount Program and our application form are available on ABC HEALTH CARE's website.
 - ABC HEALTH CARE places notification of Sliding Fee Discount Program in the clinic waiting area.
2. Request 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. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.

**Example on
pages 49 - 52 of
the NHSC Site
Reference
Guide**

Sliding Fee Discount Application Example

SAMPLE SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

ABC HEALTH CARE CLINIC

Sliding Fee Discount Information

It is the policy of ABC Health Care Clinic to provide essential services regardless of the patient's ability to pay. ABC offers discounts based on family size and annual income.

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 or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature Date

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.

Who Submits SFS Policies

Exempt Facilities

- ▶ Federally Qualified Health Centers (FQHCs)*
- ▶ Federally Qualified Health Center Look-Alikes*
- ▶ Indian Health Service Facilities*
- ▶ Federal/State Prisons*
- ▶ ICE Facilities*
- ▶ Free Clinics*

Non-exempt Facilities

- ▶ All other eligible National Health Service Corps site types

For questions, email

PAIGE.RECKER@AFFILIATE.MSU.EDU

