

ASK PEDIATRICS Payment Assistance Program Application

EFFECTIVE DATE: April 1, 2022

All patients seeking healthcare services at ASK PEDIATRICS 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.

The ASK PEDIATRICS Payment Assistance Program is designed to provide free or discounted care to those who have no means or limited means to pay for their uninsured or underinsured medical services. Program eligibility is based upon on a family'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 program utilizes annual [Federal Poverty Guidelines](#) to determine eligibility and discounting levels based upon family size and income.

1. **Who Can Apply:**

Requests for discounted services via the **Payment Assistance Program** may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The **Payment Assistance Program** will only be made available for office visits. Information and forms can be obtained from the Office Front Desk and the ASK Pediatric website.

2. **Application Process:**

The patient/responsible party must complete the **Payment Assistance Program Application** (see below) in its entirety. Staff will be available, as needed, to assist them with applications. By signing the **Payment Assistance Program** application, applicants are confirming their income to ASK PEDIATRICS as disclosed on the application form. Discounts will be based on verified income and family size only. **(See application for details.)**

- a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related sub-family members) are considered as members of one family. ASK PEDIATRICS will also accept non-related household members when calculating family size.
- b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; public assistance; 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.

3. **Income Verification:**

Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the *most recent three months* of income and expenses for the business. *Adequate information must be made available to determine eligibility for the program.*

4. **Discounts:**

Approved applicants with incomes at or below 100% of poverty will receive a full 100% discount for healthcare services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee plus discounting according to the Program's sliding discount schedule. That schedule will be updated during the first quarter of every calendar year with the latest [Federal Poverty Guidelines](#).

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5. **Nominal Fee:**

No Nominal or Processing Fees will be charged.

6. **Applicant Notification:**

The **Payment Assistance Program** determination will be provided to the applicant(s) **in writing**, and will include the percentage of **Payment Assistance Program** write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, ASK PEDIATRICS will work with the patient and/or responsible party to establish payment arrangements. **Payment Assistance Program** applications cover outstanding patient balances for **six months prior** to application date and any balances incurred within **12 months after** the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime 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 **Payment Assistance Program** application.

7. **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 Payment Assistance 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, ASK PEDIATRICS can explore options not limited to, but including offering the patient a payment plan or waiving of charges.

8. **Record Keeping:**

Information related to **Payment Assistance Program** decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office in an effort to preserve the dignity of those receiving free or discounted care.

- a. Applicants that have been approved for the **Payment Assistance Program** will be logged in ASK PEDIATRICS' practice management system, noting names of applicants, dates of coverage and percentage of coverage.
- b. The Business Office Manager will maintain an additional monthly log identifying **Payment Assistance Program** recipients and dollar amounts. Denials and applications not returned will also be logged.

9. **Submission of Application:**

Completed application and all supporting documentation should be returned to the front desk of the ASK Pediatrics Office in Tallahassee.

10. **Policy and Procedure review:**

The Sliding Fee Discount Schedule (SFS) will be updated based on the current Federal Poverty Guidelines. ASK PEDIATRICS will also review possible changes in our policy and procedures in addition to examining institutional practices which may serve as barriers which prevent eligible patients from having access to our community care programs.

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It is the policy of ASK Pediatrics to provide essential services regardless of patient ability to pay.

As such, ASK Pediatrics offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine whether you or members of your family are eligible for a discount.

The discount will apply to all services received at this office, but not those services or equipment purchased from outside such as reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, etc. You must complete this form every 12 months or immediately if your financial situation changes. Please list all household members, including those under age 18.

GUARANTOR NAME			
STREET	CITY	STATE	ZIP
			PHONE

Household Members	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

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Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, 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; Child Tax Credit 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 ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.

Please complete this application and return it and requested documents to the ASK Pediatrics front desk.

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Sliding Fee Discount Schedule (SFS)

**Maximum Annual Income Amounts for each Sliding Fee Percentage Category
(except for 0% discount)**

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount4 0%	Discount 30%	Discount 20%	Discount1 0%	Discount 0%
1	\$13,590	\$14,949	\$16,308	\$17,667	\$19,026	\$20,385	\$21,744	\$23,103	\$24,462	\$27,180	\$27,180+
2	\$18,310	\$20,141	\$21,972	\$23,803	\$25,634	\$27,465	\$29,296	\$31,127	\$32,958	\$36,620	\$36,620+
3	\$23,030	\$25,333	\$27,636	\$29,939	\$32,242	\$34,545	\$36,848	\$39,151	\$41,454	\$46,060	\$46,060+
4	\$27,750	\$30,525	\$33,300	\$36,075	\$38,850	\$41,625	\$44,400	\$47,175	\$49,950	\$55,500	\$55,500+
5	\$32,470	\$35,717	\$38,964	\$42,211	\$45,458	\$48,705	\$51,952	\$55,199	\$58,446	\$64,940	\$64,940+
6	\$37,190	\$40,909	\$44,628	\$48,347	\$52,066	\$55,785	\$59,504	\$63,223	\$66,942	\$74,380	\$74,380+
7	\$41,910	\$46,101	\$50,292	\$54,483	\$58,674	\$62,865	\$67,056	\$71,247	\$75,438	\$83,820	\$83,820+
8	\$46,630	\$51,293	\$55,956	\$60,619	\$65,282	\$69,945	\$74,608	\$79,271	\$83,934	\$93,260	\$93,260+
9	\$51,350	\$56,485	\$61,620	\$66,755	\$71,890	\$77,025	\$82,160	\$87,295	\$92,430	\$102,700	\$102,700+
10	\$56,070	\$61,677	\$67,284	\$72,891	\$78,498	\$84,105	\$89,712	\$95,319	\$100,926	\$112,140	\$112,140+
11	\$60,790	\$66,869	\$72,948	\$79,027	\$85,106	\$91,185	\$97,264	\$103,343	\$109,422	\$121,580	\$121,580+
12	\$65,510	\$72,061	\$78,612	\$85,163	\$91,714	\$98,265	\$104,816	\$111,367	\$117,918	\$131,020	\$131,020+
13	\$70,230	\$77,253	\$84,276	\$91,299	\$98,322	\$105,345	\$112,368	\$119,391	\$126,414	\$140,460	\$140,460+
14	\$74,950	\$82,445	\$89,940	\$97,435	\$104,930	\$112,425	\$119,920	\$127,415	\$134,910	\$149,900	\$149,900+
For each additional person, add	\$4,720	\$5,192	\$5,664	\$6,136	\$6,608	\$7,080	\$7,552	\$8,024	\$8,496	\$9,440	\$9,440

*Based on the 2022 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia