

Section V.1.2	Revision: 8	Effective Date: 4/2007 Reviewed/Revised: 08/2016, 11/2017, 8/2018, 7/2019, 01/2020, 01/2021, 01/2022, 01/2023, 3/2023	Page 1 of 5
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# **NEW DIMENSIONS IN HEALTH CARE**

*A DIAGNOSTIC & TREATMENT CENTER*

## Policy

### ***Discounted/Sliding Fee Scale***

**Purpose:** It shall be the policy of New Dimensions in Health Care to provide discounted health care services to qualifying patients utilizing a sliding fee schedule based upon the annual federal poverty guidelines.

**Procedural Guidelines:** All patients requesting a discounted fee must complete a Discounted/Sliding Fee Application (**Appendix A**). An application shall be provided to any patient regardless of insurance status, upon request or at the direction of any of the patient's health care providers at New Dimensions in Health Care. All completed applications and documents shall be forwarded to the Billing Supervisor.

Upon receipt of the completed application and required documentation, the application will be reviewed and a determination will be made as to whether the patient qualifies for a discounted fee and the amount of such discount, if applicable. The patient will be notified of the final decision with regards to the application. An application must be completed annually.

A "**Notice to Patients**" discount policy and sliding fee scale will be posted in the waiting room (**Appendix B**).

**Eligibility Requirements and Standards for Evaluating Discounted/Sliding Scale Applications:** Eligibility for a patient's receipt of a discounted fee is based upon the federal poverty guidelines. These guidelines are provided by the federal government and updated on an annual basis.

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# **NEW DIMENSIONS IN HEALTH CARE**

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## **(Appendix A)**

### ***Notification to Patients Application***

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New Dimensions in Health Care provides essential health care services to patients regardless of a patient's ability to pay. You may be eligible for a discount on necessary health care services you receive at New Dimensions. The discount is based upon a sliding scale utilizing the annual federal poverty guidelines which take into account household income and number of household members. If you are approved to receive a discount, you will be asked to update your financial information annually or upon a substantial change in your financial situation.

To request a discounted fee at New Dimensions, you must fill out a Discounted/Sliding Fee Application and provide the required documentation.

If you have any questions regarding the Discounted/Sliding Fee Policy or the application, please call the Health Center during regular business hours at (518) 843-2575.

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**Discounted/Sliding Fee Application**

Name of Head of Household	Employer Name
Address	Employer Address
City/State/Zip	Employer City/State/Zip
Phone Number	Health Insurance Plan

Please list spouse and any dependents under Age 18			
Name	Date of Birth	Name	Date of Birth
1.		3.	
2.		4.	
5.		6.	

Annual Household Income ( <b>Attach Proof of Income</b> )				
Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

**NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.**

"I request New Dimensions make a determination of eligibility for a discounted fee. I understand that this information is confidential and subject to verification. I also understand that if the information I provide is false, I may be denied a discounted fee and be liable for payment for the healthcare services provided. I hereby attest that the information in this application is complete and correct to the best of my knowledge."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
Discount approved: _____	Effective date: _____
Approved by: _____	Expiration date: _____
Verification Checklist ( <b>Attach Copies</b> )	
	Yes
Income: <b>Prior year tax return, three most recent pay stubs, or other</b>	
Insurance: <b>Insurance card(s)</b>	

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## **NOTICE TO PATIENTS**

**This practice serves all patients regardless of inability to pay.  
Discounts for essential services are offered based on family size and income.  
For more information, ask at the front desk or visit our website.  
Thank you.**

## **AVISO PARA PACIENTES**

**Este centro de salud atendera a todos los pacientes, sin importar su capacidad de pago.  
Los descuento por servicios esenciales variaran y son ofredidos dependiendo del numero de sus familiars y de su sueldo.  
Usted podra aplicar para el descuento con la recepcionista en el escritorio del frente de la clinica.  
Gracias.**

**(Appendix B)**  
**2023 SLIDING FEE SCALE**

PERCENT OF DISCOUNT

Based on Family Size and Income using NHSC Standard of 200% of Poverty Guidelines

Percent of Discount to be deducted from Self-Pay Portion of Normal Charge

Families or individuals earning below the Federal Poverty guidelines will incur a nominal fee of \$15.00 per office visit for necessary medical/dental treatment.

MONTH	New Dimensions					
2023 (eff 1/01/2023) Sliding Fee Scale Based on Federal Poverty Guidelines						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
	Discount					
	Nominal Fee \$15	80%	60%	40%	20%	None
Family Size	Income up to					At or Above
1	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160	\$ 29,161
2	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440	\$ 39,441
3	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720	\$ 49,721
4	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000	\$ 60,001
5	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280	\$ 70,281
6	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560	\$ 80,561
7	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840	\$ 90,841
8	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120	\$ 101,121
	<b>For each additional person, add \$5,140</b>					
	\$ 55,700	\$ 68,340	\$ 80,980	\$ 93,620	\$ 106,260	\$ 106,261

\*Based on 2023 HHS Poverty Guidelines <https://aspe.hhs.gov/poverty-guidelines>