

## IMPORTANT REMINDERS:

- ✓ A Sliding Fee Scale Application and Proof of Income are required to apply for the Sliding Fee Scale Program.
- ✓ Income verification **MUST** be provided to the center within one (1) business day from the date of service. If not, the entire bill may become the responsibility of the patient.
- ✓ The Sliding Fee Scale information must be updated when any of the reported information changes, or at least every twelve (12) months, whether or not any changes have occurred.
- ✓ A minimum **\$20.00 payment** is required from all self-pay patients that qualify for a discount, and is **collected at registration**.
- ✓ Sliding Fee Scale discount applies to all services provided at our office, but not those obtained elsewhere.



### Clinic Locations:

1300 Creason Road  
Corning, AR 72422  
870-857-3399

1016 McQuay Avenue  
Pocahontas, AR 72455  
870-892-9949

201 Colonial Drive  
Walnut Ridge, AR  
72476 870-886-5507

2178 Hwy 62/412  
Highland, AR 72542  
870-994-2202

#1 Medical Drive  
Paragould, AR 72450  
870-236-2000

172 Hwy 62 W  
Salem, AR 72576  
870-895-2735



## SLIDING FEE SCALE

## PROGRAM

*Providing Medical Services  
To People in Need  
Regardless of Ability to Pay*

## WHAT IS THE SLIDING FEE SCALE PROGRAM?

The Sliding Fee Scale Program allows all qualifying patients to receive healthcare services at a reduced cost. To be eligible for a Sliding Fee Discount, one must provide proof of household income. The Sliding Fee Scale Discount varies depending upon the **total household income** and the number of people that live in the household.

Our Sliding Fee Scale may require you to pay a fee ranging from \$20 to \$100. **The minimum payment required at registration is \$20.**

## WHAT IS REQUIRED TO APPLY?

To apply for the Sliding Fee Scale Program an individual is required to:

- ✓ Complete a Sliding Fee Scale Application
- ✓ Provide proof of “**household income**”
  - Current tax returns or W-2s
  - Check stub dated within 30 days of date of service
  - Proof of governmental assistance or copy of award letter
  - Written notice from employer

\*Household income is defined as “**gross income earned from all persons residing within the home.**”

## HOW DOES THE PROGRAM WORK?

When you call to make an appointment, you will be asked what type of insurance you have. You will also be informed of our Sliding Fee Scale Program and that you may still qualify even if you have insurance. You will be asked to come prepared with proof of your household income and a minimum payment of \$20.00 or your insurance copayment. When you arrive, you will be asked to complete a Sliding Fee Scale Application, and copies will be made of your supporting documentation (proof of household income). The completed application and copies of your proof of income will be filed in your medical chart.

The documentation you supply will be used to determine the maximum Sliding Fee Scale discount. The allowable discount is entered on your account and applied to any additional balance due at check-out.

If proof of income is not provided at the time of your visit, Sliding Fee Scale discounts will not be made to your account, until documentation is supplied.

**The timeframe for supplying this information is one (1) business day from the date of service.**

**If the documentation is not provided within the allotted timeframe, the full amount of the services rendered for the specific date of service may become the full responsibility of the patient or guarantor.**

## UPDATE & PAYMENT REQUIREMENTS

Financial documentation for the Sliding Fee Scale Program must be updated **EVERY TWELVE (12) MONTHS**. You will be required to supply updated proof of income in order to continue to qualify for the Sliding Fee Scale discount.

If the account is not kept current and/or balances are not paid in a timely manner, you may be asked to speak with our Collections Counselor to reach a payment plan agreement. We are willing to work with you to develop a reasonable payment schedule based upon your ability to pay, but it is very important that the agreed-upon amount is paid regularly and on time. If not, it may become necessary to place the account with a Collection Agency.

**If you have any questions about qualifying for the Sliding Fee Scale Program please contact any of our clinic locations or our business office, toll free at 877-533-6870.**