SUBJECT : Financial Assistance Policy (Sliding Fee Discount Program)	EFFECTIVE : 2010
	REVIEWED:
DEPARTMENT: Goad Medical Clinic	
	REVISED:
APPROVED BY: MEDICAL STAFF _8/19/2010_ BOARD _8/30/2010_____	Page 1 of 1

OSBORNE COUNTY MEMORIAL HOSPITAL

Goad Medical Clinic
Financial Assistance Policy
(Sliding Fee Discount Program)

Purpose
Goad Medical Clinic is committed to ensuring access to medically necessary healthcare services regardless of a patient's ability to pay. No patient shall be denied services due to inability to pay. The Clinic maintains a Sliding Fee Discount Program based on household income, family size, and the current Federal Poverty Guidelines (FPG).

Policy
Eligibility is determined solely by family size and household income. The Clinic will use the most current Federal Poverty Guidelines published by the U.S. Department of Health and Human Services.

Discount Eligibility
At or below 100% FPG: Full discount; nominal fee may apply. Above 100% to 200% FPG: Partial discount according to the Board-approved Sliding Fee Discount Schedule. Above 200% FPG: No discount.

Application Process
Patients may apply at any time and provide documentation of household income and family size. Self-declaration may be accepted when documentation is unavailable.

Insurance
Patients may qualify regardless of insurance status. Eligible insured patients may receive assistance with allowable out-of-pocket expenses consistent with payer requirements.

Notice of Availability
Information about financial assistance will be posted in the clinic, included in registration materials, and available upon request.

Confidentiality
Financial information provided for eligibility determination will be maintained confidentially.

Annual Review
The policy and Sliding Fee Discount Schedule will be reviewed annually and updated to reflect current Federal Poverty Guidelines.

Non-Discrimination
No patient will be denied medically necessary services due to inability to pay.