



## **DISCOUNT FEE POLICY**

### **POLICY**

Christian Family Solutions offers financial assistance to qualified clients that are based upon family/household size and annual income. A sliding fee schedule is used to calculate the discount and is updated each year using the Federal Poverty Guidelines. If approved, the discount will be honored for three months, after which the client must reapply. At any time the client's financial situation changes, a new application is required. If a client is listed on a federal tax return as a "Qualifying Relative Dependent," the combined client's and the household income is taken into consideration when calculating the annual income.

### **DISCOUNT APPLICATION PROCESS**

A completed application including the home address, household income, and insurance coverage must be on file prior to or at the time of the visit. Before a discount is granted, the billing department will review the application for approval. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required. A decision will be made within 5 business days of receipt of the application.

An application can also be downloaded from our website at [www.ChristianFamilySolutions.org](http://www.ChristianFamilySolutions.org).

The application along with supporting documentation is to be mailed to:

Christian Family Solutions  
W175 N11120 Stonewood Drive  
Germantown, WI 53022-6511  
Attn: Revenue Cycle Manager



### SLIDING FEE DISCOUNT APPLICATION

It is the policy of Christian Family Solutions to offer financial assistance to qualified clients who are uninsured, underinsured, or ineligible for a government financial assistance program. Discounts are offered based upon family/household size and annual income. A completed application including the home address, household income, and insurance coverage must be on file prior to or at the time of the visit. Before a discount is granted, the billing department will review the application for approval.

If approved, the discount will be honored for three months, after which the client must reapply. At any time the client's financial situation changes, a new application is required. If a client is listed on a federal tax return as a "Qualifying Relative Dependent," the combined client's and the household income is taken into consideration when calculating the annual income.

Please complete the following information and mail to:

Christian Family Solutions  
 W175 N11120 Stonewood Drive  
 Germantown, WI 53022-6511  
 Attn: Revenue Cycle Manager

Number of related persons living in your household:

Household Members	Household Income (complete only one column)		
	Annual	Monthly	Bi-Weekly
<b>Self</b>			
<b>Spouse</b>			
<b>Total Income</b>			
<b># of Dependent Children under Age 18</b>			

**Note:** Include and list all total income from all sources, including:

Social Security: \$ _____	Veterans Payments: \$ _____	Other Income: \$ _____
Disability: \$ _____	Business or Self-Employment: \$ _____	<i>List all sources</i>
Pensions: \$ _____	Alimony: \$ _____	<i>of other income</i> _____
Annuities: \$ _____	Military: \$ _____	_____
401k Plan: \$ _____	Child Support: \$ _____	_____
403b Plan: \$ _____	Unemployment: \$ _____	
Rental Property: \$ _____	Public Assistance: \$ _____	

### ATTESTATION

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income are required before a discount is approved. *Please enclose copies of these documents.*

I will apply for any state, federal, or local assistance for which I may be eligible to help pay for my bill. I understand that the information provided will be verified by Christian Family Solutions, and I authorize that they may contact third parties to verify the accuracy of the information. I understand that if this information that I provided is not correct, I will be ineligible for a discount and will be responsible for full payment of my bill.

Name (Print)  Signature  Date

Approval by  Client Name  Date



**SLIDING SCALE DISCOUNT**

**Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty\***

Poverty Level	100%	125%	150%	175%	185%	>200%
Family Size						
1	\$12,140	\$15,175	\$18,210	\$21,245	\$22,459	\$24,280
2	\$16,460	\$20,575	\$24,690	\$28,805	\$30,451	\$32,920
3	\$20,780	\$25,975	\$31,170	\$36,365	\$38,443	\$40,560
4	\$25,100	\$31,375	\$37,650	\$43,925	\$46,435	\$50,200
5	\$29,420	\$36,775	\$44,130	\$51,485	\$54,427	\$58,840
6	\$33,740	\$42,175	\$50,610	\$59,045	\$62,419	\$67,480
7	\$38,060	\$47,575	\$57,090	\$66,605	\$70,411	\$76,120
8	\$42,380	\$52,975	\$63,570	\$74,165	\$78,403	\$84,760
<b>For each additional person, add</b>	\$4,320	\$5,400	\$6,480	\$7,560	\$7,992	\$8,640

\*Based on the 2018 Federal Poverty Guidelines

**Sliding Fee Discount**

Poverty Level	Intern	In-Training Master's Level/ Licensed Bachelor's Level	Licensed Master's Level	LP
100%	95%	90%	80%	80%
125%	90%	80%	70%	70%
150%	85%	75%	65%	65%
175%	80%	70%	60%	60%
185%	75%	65%	55%	55%
>200%	70%	60%	50%	50%