SLIDING FEE DISCOUNT PROGRAM

EFFECTIVE DATE: January 1, 2025

PURPOSE: Shin Luong, LCSW offers a Sliding Fee Discount (SFD) program to all who are unable to pay for psychotherapy services at this location. All patients seeking psychotherapy services at this office are guaranteed to be served regardless of ability to pay. This program will provide no cost or discounted cost to those who have difficulties paying.

Program eligibility is based on a person's ability to pay and not on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, ability to pay, or whether payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). The 2025 Federal Poverty Guidelines are used in creating and annually updating the SFD program

PROCEDURE:

The following guidelines are to be followed in providing the SFD program.

1. Notification: Shin Luong, LCSW will notify patients of the SFD program by:

    - SFD program policies will be available to all patients at the time of consultation, initial appointment, and at any point when a patient expresses financial difficulties.
    - SFD program application will be included with past due invoices sent out by this practice.
    - An explanation of SFD program and application form are available upon request in-person, telehealth, or by phone.
    - This policy page, application, and 2025 Federal Poverty Line Guidelines can be found at this practice's website (www.openhearttherapy.net).

2. Request for discount: Requests for discounted services may be made by patients and any person(s) they have consented to be in contact with Shin Luong, LCSW. SFD program will only be made available for psychotherapeutic visits. Information and forms can be obtained by asking Shin Luong, LCSW.

3. Administration: SFD process will be administered by Shin Luong, LCSW. Information about the program policies and procedures will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.

4. Completion of Application: The patient/responsible party must complete the SFD application in its entirety. Staff will be available, as needed, to assist with applications. By signing the application, persons are confirming their income to Shin Luong, LCSW as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only. We do not require patients to apply to Medicaid based program or any asset assessments to qualify for the program.
    a. Family as in: anyone residing in the same residence as the patient for more than 30 calendar days that pools their income with applicant.
    b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits;

pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; assistance from outside the household; and other miscellaneous sources.

6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, or letter from employer. Self-employed individuals will be required to submit detail of the most recent 2 months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

7. Discounts: Those with incomes at or below 100% of poverty will receive a 100% discount for services. Those with incomes above 100% of poverty, but at or below 351% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Line Guidelines.

8. Nominal Fee: Patients with incomes above 100% of poverty, but at or below 351% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care, and thus is not a minimum fee or co-payment.

9. Waiving of Charges: In certain situations where patients cannot pay the slide scale fee. Waiving of charges must be approved by Shin Luong, LCSW only. Any waiving of charges should be documented in the patient's file along with an explanation.

10. Applicant notification: Determination will be provided to the applicant(s) in writing, and will include the percentage of write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Shin Luong, LCSW, will work with the patient and/or responsible party to establish payment arrangements. SFD 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 will be re-evaluated from the program after 12 months or anytime there is a significant change in income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last application.

11. 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 SFD program, a copy of the 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 and reason for termination of services. At this point, other options not limited to, but including offering the patient a payment plan, waiving of charges, and/or any potential resources in the community will be explored.

12. Record keeping: Information related to program decisions will be maintained and preserved in the patient file in the practice's HIPAA compliant electronic health record (EHR) system.

13. Policy and procedure review: SFD will be updated based on the current Federal Poverty Guidelines. Shin Luong, LCSW will also review possible changes in policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to care.

Sliding Scale Application

Shin Luong, LCSW is able to offer a discount on behavioral health services based on a household's income and size. Sliding fee calculations are determined by using an applicant's total household annual income and are based on the most recent Federal Poverty Guidelines (table displayed on reverse side) to determine your eligibility.

If you wish to qualify for the sliding fee, you must show proof of income for all family members/individuals living in your household or individuals for whom you are financially responsible. If you do not have any source of income, please provide a brief, written statement explaining how you provide basic life essentials, food, and shelter.

Applicants should provide a copy of the following documents, if applicable:

- Previous year's Federal Tax Return, W-2's or 1099's (Income will come from total income line)
- Most recent pay stubs spanning four weeks
- Social Security or Pension Income
- Public assistance award letters for each adult age 18 and over living in the household.
- Unemployment compensation

Your household discount will be assessed annually. You must reapply for the Sliding Fee discount and provide updated income documentation at this time.

Return completed application(s) and income documentation within 21 days to Shin Luong, LCSW or mail directly to:
Shin Luong, LCSW, PO Box 6203, Eureka, CA 95502

Name: ______________________________ Date of Birth: ____________________
Family Size (number of family members living in your household): ____________________
List name(s) and date(s) of birth of family members/individuals living in your household or individuals for whom you are financially responsible:
____
____
Address: ____
Phone: __________________ Do you have insurance? YES NO
If yes, please provide: Medical Plan Name: ________________

DISCLAIMER: I hereby certify that the above information is, to the best of my knowledge true and correct. I further agree to notify Shin Luong, LCSW of any changes in this information within ten (10) days of such change.

I understand that I must re-qualify annually to maintain my eligibility.

I am also aware that this information is reviewed and based upon Federal Poverty Guidelines, published annually by the Federal Government. Sliding Fee payment is due and payable at the time of service. To maintain discount, fees must be paid promptly. If you are unable to make payment at time of service, please contact Shin Luong, LCSW to make other payment arrangements.

Signature: ________________________ Date: __________

FOR INTERNAL USE ONLY

Annual Gross Income ______________
Patient is eligible for sliding scale fee discount category ________

- ☐ Proof of income
- ☐ Patient refused to complete
- ☐ Patient does not qualify for sliding scale

____
Verified by Date

2025 Sliding Fee Federal Poverty Level Determination

Sliding Fee Category	A		B		C		D		Full Fee
	0 - 100% of FPL		101 - 175% of FPL		176-275% of FPL		276 - 350% of FPL		351% of FPL and Over
Family Size	**Monthly Income**	**Yearly Income**	**Monthly Income**	**Yearly Income**	**Monthly Income**	**Yearly Income**	**Monthly Income**	**Yearly Income**	
1	$0 - $ 1,304	$0 - $ 15,650	$ 1,305 - $ 2,282	$ 21,129 - $ 27,388	$ 2,283 - $ 3,586	$ 27,389 - $ 43,038	$ 3,587 - $ 4,565	$ 43,039 - $ 54,775	Monthly & Yearly Incomes that are above the limits in Slide Category D are ineligible for the sliding fee scale program and instead are eligible for the Cash Pay option
2	$0 - $ 1,763	$0 - $ 21,150	$ 1,764 - $ 3,084	$ 21,151 - $ 37,013	$ 3,085 - $ 4,847	$ 37,014 - $ 58,163	$ 4,848 - $ 6,169	$ 58,164 - $ 74,025	
3	$0 - $ 2,221	$0 - $ 26,650	$ 2,222 - $ 3,886	$ 26,651 - $ 46,638	$ 3,887 - $ 6,107	$ 46,639 - $ 73,288	$ 6,108 - $ 7,773	$ 73,289 - $ 93,275	
4	$0 - $ 2,679	$0 - $ 32,150	$ 2,680 - $ 4,689	$ 32,151 - $ 56,263	$ 4,690 - $ 7,388	$ 56,264 - $ 88,413	$ 7,389 - $ 9,377	$ 88,414 - $ 112,525	
5	$0 - $ 3,138	$0 - $ 37,650	$ 3,139 - $ 5,491	$ 37,651 - $ 65,888	$ 5,492 - $ 8,628	$ 65,889 - $ 103,538	$ 8,629 - $ 10,981	$ 103,539 - $ 131,775	
6	$0 - $ 3,596	$0 - $ 43,150	$ 3,597 - $ 6,293	$ 43,151 - $ 75,513	$ 6,294 - $ 9,889	$ 75,514 - $ 118,663	$ 9,890 - $ 12,585	$ 118,664 - $ 151,025	
7	$0 - $ 4,054	$0 - $ 48,650	$ 4,055 - $ 7,095	$ 48,651 - $ 85,138	$ 7,096 - $ 11,149	$ 85,139 - $ 133,788	$ 11,150 - $ 14,190	$ 133,789 - $ 170,275	
8	$0 - $ 4,513	$0 - $ 54,150	$ 4,514 - $ 7,897	$ 54,151 - $ 94,763	$ 7,898 - $ 12,409	$ 94,764 - $ 148,913	$ 12,410 - $ 15,794	$ 148,914 - $ 189,252	
9	$0 - $ 4,971	$0 - $ 59,650	$ 4,972 - $ 8,699	$ 59,651 - $ 104,388	$ 8,700 - $ 13,670	$ 104,389 - $ 164,038	$ 13,671 - $ 17,398	$ 164,039 - $ 208,775	
10	$0 - $ 5,429	$0 - $ 65,150	$ 5,430 - $ 9,501	$ 65,151 - $ 114,013	$ 9,502 - $ 14,930	$ 114,014 - $ 179,163	$ 14,931 - $ 19,002	$ 179,164 - $ 228,025	
11	$0 - $ 5,888	$0 - $ 70,650	$ 5,889 - $ 10,303	$ 70,651 - $ 123,638	$10,304 - $ 11,775	$ 123,639 - $ 194,288	$ 11,776 - $ 20,606	$ 194,289 - $ 247,275	
12	$0 - $ 6,346	$0 - $ 76,150	$ 6,347 - $ 11,105	$ 76,151 - $ 133,263	$11,106 - $ 12,692	$ 133,264 - $ 209,413	$ 12,693 - $ 22,210	$ 209,414 - $ 266,525	
Each additional person add	$ 458	$ 5,500	$ 802	$ 9,625	$ 1,261	$ 15,125	$ 1,604	$ 19,250	

Fee	**Service Provided**	**A**		**B**		**C**		**D**	Ineligible for Sliding Fee Scale
	Diagnostic	$0		$25		$30		$35	
	Therapy	$0		$20		$25		$30	

Revised 3/1/2025