Quality care is affordable care

Our Sliding Fee Discount can help to make the care you and your family get at Equitas Health more affordable. The number of people in your household, your HIV status, and your yearly household earnings decide how much your discount will be.

What services does the Sliding Fee Discount cover?

The Care for All discounts lower the cost of many Equitas Health services, such as:

- One-on-one and group counseling sessions
- Visits with your primary care provider and dentist
- Labs (blood tests)*
- Your prescription meds*

**some restrictions apply*

The Sliding Fee Discount will not lower the cost of services from other providers, such as:

- Some lab tests
- Certain prescription meds
- Dental crowns
- Some X-rays

How much money can I make and still get the Care for All Discount?

- If you are not living with HIV, your total yearly earnings must be less than 200% of, or two times, the federal poverty guidelines.
- If you are living with HIV, your total yearly earnings must be less than 500% of, or five times, the federal poverty guidelines.

What are the federal poverty guidelines?

Many government programs that lower the cost of healthcare have earnings limits. People who make more than the limit cannot use these programs. Each year the U.S. government sets these limits, which they call the federal poverty guidelines.

What happens if my family size or earnings change?

Equitas Health will review your discount with you every six months, or any time your earnings or the size of your family changes. You will need to share proof of your current earnings with Equitas Health every six months.

What if my HIV status changes?

If you get a positive HIV test result, talk to your financial counselor. They will update your file and go over any other discounts and funding that can help to pay for your care.

Application

Your answers to the questions on this form will help us figure out how much of a discount you can get for our services.

I am looking for:

- ❒ Primary Medical Care
- ❒ HIV Medical Care
- ❒ HIV Testing
- ❒ STI Testing
- ❒ Gender-Affirming Care
- ❒ Post-Exposure Prophylaxis (PEP) (I was exposed to HIV)
- ❒ Pre-Exposure Prophylaxis (PrEP) (HIV prevention)
- ❒ Support Groups
- ❒ Dental
- ❒ Psychiatry
- ❒ Mental Health Counseling

		Today's Date: / /	
What should we call you?	First Name:	Last Name:	
Legal Name (Required)	First Name:	Middle Initial:	Last Name:
Date of Birth Month/Day/Year:		Social Security Number:	
Do you have health insurance? ❒ Yes ❒ No *Discount will not work with some insurance plans.*		Marital Status: ❒ Single ❒ In a relationship ❒ Married ❒ Divorced ❒ Separated/Widowed	
What type of Prescription Insurance do you have? ❒ Private ❒ Medicare ❒ Medicaid ❒ None		Equitas Health Case Manager (if applicable):	
Street Address:			Apt. Number:
City:		State:	Zip:
My housing is: ❒ Permanent ❒ Temporary ❒ I am experiencing homelessness		We believe it is important to communicate with you, Equitas Health may send mail to the address listed above.	
Phone Number Cell: _____ Home: _____ Work: _____ ❒ I consent to receiving text.		Patient Portal The most secure way to communicate with us is through our patient portal. Please show us your identification and provide your email address to get access. Email address: _____ ❒ I consent to receiving email.	

Gender Identity:	Sex Assigned at Birth:	Gender Pronouns:	Sexual Orientation:
❒ Man ❒ Woman ❒ Trans Man ❒ Trans Woman ❒ Genderqueer/ Non-binary ❒ _____	❒ Male ❒ Female ❒ Intersex ❒ _____ Do you identify as transgender? ❒ Yes ❒ No	❒ He/Him/His ❒ She/Her/Hers ❒ They/Them/Theirs ❒ _____	❒ Lesbian, Gay, Homosexual ❒ Straight, Heterosexual ❒ Bisexual ❒ Queer ❒ _____

Household Information

The number of people in your "household" will help us figure out how much your discount will be.

People in your "household" include:

- Legal children
- A civil union partner
- A married spouse (husband or wife)
- Legal dependents

Use the chart below to list all of the people in your household.

	Name of individuals living in the household (including yourself)	Date of Birth	Relation to you
	Example: Antoine Anderson	01/01/09	Son
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Count the number of people that you wrote down in the chart above and write that number here:

This is the total number of people in your household. You will need this number later when you use the Sliding Fee Discount Calculator.

Yearly Household Earnings

Your Yearly Household Earnings are the money that you and the people in your household get each year.

In the chart below:

1. Write the dollar amount of ALL earnings that you and the people in your household get each year in the Amount column.
2. Add all of the numbers in the Amount column together. This number is your Total Yearly Earnings.
3. Write your Total Yearly Earnings in the box next to the arrow.

Type of income	Amount
Salary/wages earned before taxes	
Income from business, self-employment income, and dependents	
Child support/spousal support	
Retirement or pension, veteran's payments, survivor benefits	
Social Security (SSI/SSDI/SSA)	
Unemployment	
Worker's Compensation	
Interest from savings/trusts/estates, dividends from investments, rental income	
Seasonal employment income	
Public assistance (SNAP-EBT card)	
Financial assistance from outside the household	
Any other source of money your family uses to live on	
Total Yearly Earnings →	$

This is your Total Yearly Earnings. You will need this number later when you use the Sliding Fee Discount Calculator.

NOTE: You will need to give us copies of tax returns, pay stubs, or anything else that shows the earnings of all the people in your household before we approve your discount.

Legal Name (Print) _____

Legal Name Signature_____ Date _____

Chosen Name (Print) _____

Chosen Name Signature_____ Date _____

Equitas Health

SLIDING FEE DISCOUNT APPLICATION

THIS PAGE FOR OFFICE USE ONLY

FOR OFFICE USE ONLY					
Patient's Annual Income:		Patient's Family Size:		Patient's FPL %:	
Prescription Insurance Type:		Patient Type:			
Yearly Income x		**% Charge** =		**Yearly Cap**	

VERIFICATION CHECKLIST	
Identification/Address: Driver's license, utility bill, employment ID, or other	❒
Income: Prior year tax return, two most recent pay stubs, or other	❒
Insurance: Insurance Cards	❒
Medical bills/receipts	❒

APPROVAL							
Assistance Category:	❒ Category 0 (nominal fee) ❒ Category 1 ❒ Category 2 ❒ Category 3 ❒ Category 4 ❒ Category RW						
Physician Copay:		Mental Health Copay:			Dental Copay:		
Prescription Assistance Type:	❒ ECare	❒ EPAP100 ❒ EPAP50		❒ MOU100 ❒ MOU50		❒ SS80%C ❒ SS60%C ❒ SS40%C ❒ SS20%C	
30 Day Prescription Formulary Copay:		90 Day Prescription Formulary Copay:					
Start Date:		End Date:					
Approved by:							
Signature:	X			Date:			

1. Receptionist or Financial Counselor will help with fee calculations.
2. Adjusted gross income or gross income can be used as verification of income. Adjusted gross income may benefit patients who have large adjustments on their income tax statements.
3. Program eligibility and sliding fee is based on income and the current year's Federal Poverty Level (FPL) Guidelines.
4. Non-HIV patients are eligible for sliding fee if their poverty level is 200% or below.
5. No discount is offered over 200% poverty level.
6. To ensure that individuals seeking services will not be deterred because of inability to pay, the program will use the sliding fee scale with reasonable fees for each of the major primary care services.
7. A copy of the sliding fee scale will be offered to every patient by the Receptionist or Financial Counselor.
8. Equitas Health will accept partial payment.
9. Patient should make every effort to pay the day that services are provided.

Ryan White Funding for People Living with HIV

The Ryan White Cares Act is a government program. Ryan White funds pay for many of Equitas Health's services for people living with HIV, such as case management. Like our Care for All discount, the total number of people in your household and your total yearly earnings help us figure out if you can get Ryan White funds to pay for your care at Equitas Health.

How much money can I make and still get Ryan White Funds?

Your total yearly earnings must be less than 500% of, or five times, the federal poverty guideline to get Ryan White funds.

What if I make too much money?

People living with HIV who make more than five times the federal poverty guideline will speak with a financial counselor to figure out how much they will pay without Ryan White funding.

The Ryan White Yearly Payment "Cap"

If you get Ryan White funds, once you spend a certain amount on healthcare services in a year, Equitas Health will not charge you for any other services for the rest of that year. We call this amount your Yearly Payment Cap.

Your Yearly Payment Cap is the amount you spend for any care at Equitas Health. It is also what you spend on care at other places. These are your out-of-pocket healthcare costs.

How much will my Yearly Payment Cap be?

The Ryan White Cares Act sets this limit based on a percentage (or small part) of your total yearly earnings. With the Ryan White Yearly Payment Cap, the most you will pay for your healthcare in one year will be 5%, 7%, or 10% of your total yearly earnings.

You will figure out your Yearly Payment Cap later using the payment calculator chart on the Patient Discount Calculator.

What types of healthcare costs count toward my Yearly Payment Cap?

These healthcare costs count toward your Yearly Payment Cap:

- Office visits with a doctor or nurse
- Dental care
- Dermatology (skin) care
- Medical insurance costs, like premiums and co-pays
- Mental Health & Recovery visits
- Ophthalmology (eye) care
- Prescription and OTC meds

This is not a complete list. The Medical Receptionist or the Financial Counselor will look over your medical bills to see if they count towards your Yearly Payment Cap.

Keep in mind:

- You must pay your discounted fees until you meet your yearly cap.
- Your payment is due at the time of the visit.
- If you cannot pay your fees, talk to the Financial Counselor or Billing Specialist.
- You need to tell the receptionist or your financial counselor if there are any changes to your earnings or the size of your household.
- You need to show bills or receipts to your financial counselor, so they can see if they count toward your Yearly Payment Cap.

Legal Name (Print) _____

Legal Name Signature_____ Date _____

Chosen Name (Print) _____

Chosen Name Signature_____ Date _____

Declaration of Income

I,_____, (Legal name) swear or affirm that the information below is true. I understand that my income includes all money that I get from work, even if I do not report that work for tax purposes. My income also includes, but is not limited to, money I get from:

- Retirement
- Investments
- Unemployment
- Disability
- My spouse's income (if married)
- My parents' income (if a dependent)

My yearly income is: $_____

❒ I do not have any documents to verify my income. The reasons are (check all that apply):

- ❒ I get paid in cash.
- ❒ I do not get pay checks or pay stubs.
- ❒ I did not file a tax return last year.
- ❒ I cannot get a letter from my employer
- ❒ Other, please explain: _____

_____

_____

_____

❒ I currently live in Ohio. The address I gave is my current address.

Legal Name (Print) _____

Legal Name Signature_____ Date _____

Chosen Name (Print) _____

Chosen Name Signature_____ Date _____