



Sliding Fee Application Process Guide

The Sliding Fee Program provides assistance with medical bills for those who qualify.

To apply complete the Sliding Fee Application and return with the following required documentation:

- 1. A complete copy of your current New York State Income Tax return.**
- 2. A New York State Medicaid determination CALL 585-396-6463 or 396-6445. *** required ******
over 65 - please call 585-396-4060
- 3. Pay Stubs – one each from the last 4 consecutive pay periods.**

For other types of income the list on the last page of the Sliding Fee Application is provided to assist you in choosing the appropriate documentation.

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

**SERVICE(S) RECEIVED MORE THEN 3 MONTHS BEFORE APPLICATION
WILL NOT BE CONSIDERED**

**For assistance in the application process call
(585)396-6512 or (585)396-6029**



350 Parrish Street
Canandaigua, NY 14424

Supporting Instruction: FS.02.017.01.01
Effective Date: 1/01/2007
Updated 4/272011

SLIDING FEE APPLICATION AND WORKSHEET

For any questions, please call (585) 396-6512 or (585) 396-6029

Return application to the attention of Financial Counselor, Patient Financial Services

Note: INCOMPLETE APPLICATION WILL BE RETURNED UNPROCESSED

Date of Request: _____

Patient's Name: _____ Phone #: _____

Mailing Address: _____

Other Family Members
(Living at Same Address)

Name

Relationship

(if more space is required
use bottom of page)

Identify Services for Financial Assistance

If you are seeking a sliding fee for services rendered, check service locations below:

F. F. Thompson Hospital Services: Emergency Room _____ Outpatient _____ Inpatient _____

Alton C. Corbet Immediate Care Center _____

Thompson Health Physician Practices: _____

Rheumatology/ Other Hospital Clinic _____

The Thompson Clinic _____

List:

Date of Service

Account #

**The following income information is mandatory for application to be reviewed:
All income must be verified for application to be considered**

Note: Based on review of income you may be asked to submit Medicaid status information

See Next Page for Determination Criteria

Note: BOTH COLUMNS MUST BE COMPLETED

Income: List income for family	TOTAL FOR LAST 3 MONTHS	TOTAL FOR LAST 12 MONTHS
Wages (includes self-employment)		
Social Security		
Unemployment Compensation		
Alimony		
Child Support		
Military Family Allotments		
Pensions/IRA/Annuities, etc.		
Income from rent		
Income from dividends, interest		

I certify that the information is true and accurate to the best of my knowledge. I understand that this application is made so that Thompson Health can judge my eligibility for Community Care benefits as related to New York State Charity Care Guidelines effective January 1, 2011. I understand that this information may be used in discussions with another party to help determine eligibility.

Signature of Person Making Request

See Documentation Requirements for Sliding Fee Application: (FS.02.017.01.02) Separate sheet.

COMMUNITY CARE CALCULATION:

(Thompson Health Financial Counseling staff will do calculations using a Spreadsheet tool to determine patient responsibility)

To calculate a patient's allowance under Thompson Health Community Care policy for qualifying individuals, annual household income is to be divided by the applicable 100% (first column) Federal poverty guideline below for the patient's family size to arrive at income as a percentage of the poverty guideline. A percentage of the qualifying patient's charges will be discounted off as indicated by one of the seven ranges below. The remaining balance represents the patient's payment responsibility.

Income as Percentage of Federal Poverty Guideline	101% to 125%	126% to 150%	151% to 175%	176% to 200%	201% to 225%	226% to 250%	251% to 300%
Percentage of Charges to be Written Off to Charity Care Allowance	95%	90%	80%	70%	60%	55%	50%

Note: Patients with annual family incomes at or below 100% of the Federal poverty guidelines will receive a 100% charity care allowance.

Federal Poverty Guidelines 2011, Gross Annual Income Levels:**

<u>Family Size</u>	<u>100% Guideline*</u>	<u>200% Guideline</u>	<u>300% Guideline</u>
1	\$10,890	\$21,780	\$32,670
2	\$14,710	\$29,420	\$44,130
3	\$18,530	\$37,060	\$55,590
4	\$22,350	\$44,700	\$67,050
5	\$26,170	\$52,340	\$78,510
6	\$29,990	\$59,980	\$89,970
7	\$33,810	\$67,620	\$101,430
8	\$37,630	\$75,260	\$112,890

Gross annual income levels based on 2011 Poverty guidelines.

* For each additional person add \$3,820.

Updated 4/27/11