



CHAS Health SLIDING FEE DISCOUNT PROGRAM

The mission of CHAS Health is to provide quality care regardless of your ability to pay. CHAS Health offers a Discount Program to patients that can reduce the cost of your care. If your household income qualifies you may receive reduced fees based on your application and proof of income. Household size is the number of individuals inside or outside of the household, including the applicant, who are at least 50% dependent upon the family income being reported on the application.

To apply for the Sliding Fee Discount Program you must:

1. Make an appointment with a Patient Services Coordinator (PSC) who will assist you in reviewing your insurance options.
2. Fill out the CHAS Health's Sliding Fee Discount Program Application.
3. Give CHAS Health proof of your estimated current annual income:
 - Pay stubs, recent tax return, unemployment statements, SSI letter, child support statements, letter from employer, L&I award letter, bank statement, or
 - Signed Self-Declaration of Income.
4. Proof of income is required every year to continue to qualify for the Sliding Fee Discount Program. You are encouraged to fill out a new sliding fee application if your household size changes, or your monthly income changes by at least \$150 and the change is expected to continue for at least two months.

Sliding Fee Discount Category	Medical Services	Medical Services Behavioral Health & Expanded Care Team*	Spokane Urgent Care	Flu Immunization & Hepatitis A Vaccine
A	\$25 (\$20 if paid in full at time of service)	\$0	\$60 (\$50 if paid in full at time of service)	100% Discount
B	\$35 (\$30 if paid in full at time of service)	\$3	\$70 (\$60 if paid in full at time of service)	
C	\$55 (\$50 if paid in full at time of service)	\$6	\$85 (\$75 if paid in full at time of service)	
D	\$65 (\$60 if paid in full at time of service)	\$9	\$110 (\$90 if paid in full at time of service)	
E (No Discount)	<u>No Discount</u> (Patients paying \$100 at time of service will receive \$10 discount off total charges)	<u>No Discount</u> (Patients paying \$60 at time of service will receive \$10 discount off total charges)	<u>No Discount</u> (Patients paying \$110 at time of service will receive \$25 discount off total charges)	No Discount

NOTES

* Behavioral health sliding fee applies to visits with Behavioral Health providers including substance abuse. Expanded Care Team scale includes: Clinical Pharmacists, Registered Dieticians, Registered Nurse, Chronic Care Management and Collaborative Care Management programs.

Time of Service Discount

CHAS Health expects payment at the time of service. For medical and urgent care services a date of service discount will be taken for payment at the time of service. If you are unable to pay for services at your time of appointment, you will be billed your full sliding fee amount. If you are interested in setting up a payment plan, or if you have any questions about your sliding fee discounts please feel free to contact the CHAS Health Billing Department at (509) 444-7880.

Services Outside of Chas Health

CHAS Health's Sliding Fee Discount Program can only apply to medical, pharmacy, dental, and behavioral health services provided at CHAS Health, as well as services provided at Spokane Urgent Care. Services provided by outside specialists, outside labs, or radiology are not covered and Patient will be responsible for any and all charges.



Dental Services

Sliding Fee Discount Category	Dental Services[†]	Dental Services[†] Crowns only
A	\$35	\$35 + 50% of lab fee
B	Lesser of \$75 per visit or 30% of charges	30% of Crown Prof Fee + 50% of Lab Fee
C	Lesser of \$100 per visit or 40% of charges	40% of Crown Prof Fee + 75% of Lab Fee
D	Lesser of \$150 per visit or 60% of charges	60% of Crown Prof Fee + 75% of Lab Fee
E (No Discount)	<u>No Discount</u>	<u>No Discount</u>

[†]Dental: Dental fee will not be less than \$36 for Sliding Fee B, C, or D.

Other Services

Sliding Fee Discount Category	Pharmacy Cost of the medication + dispensing fee	Pharmacy Blood Glucose Test Strips (Cost of the equipment + dispensing fee)	Pharmacy Bicillin & IUD Medication Only
A	Cost of the medication +\$0	\$0	\$0
B	Cost of the medication +\$3	\$0 +\$3	
C	Cost of the medication +\$6	\$0 +\$6	
D	Cost of the medication +\$9	\$0 +\$9	
E >200% to 400% FPL	Cost of the medication +\$23	Cost of equipment+\$23	Cost
Full Fee Over 400% FPL	<u>No Discount</u> Usual and Customary fee [‡] + \$23	<u>No Discount</u> Usual and Customary fee [‡] + \$23	<u>No Discount</u> Usual and Customary fee [‡]

[‡] Usual and Customary fee is the average wholesale price paid at a retail pharmacy.

Sliding Fee Effective: ____/____/____ to ____/____/____