



Sliding Discount Fee Schedule Information & Application

What is the Sliding Discount Scale Fee Schedule?

The Sliding Discount Scale Fee Schedule is part of a federal program that allows the Todu Guam Foundation (TGF) Health & Wellness Center Clinic to discount normal charges for medical visits for qualifying patients based on household size and household income. To qualify for the program, patients must provide proof of income at or below 200% of the current Guam federal poverty level (see chart below).

Annual Poverty Level	At or Below 100% (A)	125% (B)	150% (C)	175% (D)	200% (E)	Above (>) 200% Private Pay
Family Size	Nominal Fee \$50	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$ 15,650.00	\$ 19,562.50	\$ 23,475.00	\$ 27,387.50	\$ 31,300.00	>\$ 31,300.00
2	\$ 21,150.00	\$ 26,437.50	\$ 31,725.00	\$ 37,012.50	\$ 42,300.00	>\$ 42,300.00
3	\$ 26,650.00	\$ 33,312.50	\$ 39,975.00	\$ 46,637.50	\$ 53,300.00	>\$ 53,300.00
4	\$ 32,150.00	\$ 40,187.50	\$ 48,225.00	\$ 56,262.50	\$ 64,300.00	>\$ 64,300.00
5	\$ 37,650.00	\$ 47,062.50	\$ 56,475.00	\$ 65,887.50	\$ 75,300.00	>\$ 75,300.00
6	\$ 43,150.00	\$ 53,937.50	\$ 64,725.00	\$ 75,512.50	\$ 86,300.00	>\$ 86,300.00
7	\$ 48,650.00	\$ 60,812.50	\$ 72,975.00	\$ 85,137.50	\$ 97,300.00	>\$ 97,300.00
8	\$ 54,150.00	\$ 67,687.50	\$ 81,225.00	\$ 94,762.50	\$ 108,300.00	>\$ 108,300.00
For Each Additional Person, Add	\$ 5,500	\$ 6,875	\$ 8,250	\$ 9,625	\$ 11,000	>\$ 11,000

The Sliding Discount Fee is available to all eligible patients. If you have insurance coverage, the TGF Health & Wellness Center Clinic is required by policy and federal guidelines to bill your insurance for your medical visit services. You may be responsible for insurance co-pay in this situation and may qualify for the Sliding Discount Scale Fee to apply to the patient responsibility portion of the charges.

Depending on household size and household income, patients are assigned a discount tier of A, B, C, D, or E. Tier A pays a nominal fee of \$50 for any medical services.

*Patients that qualify for the discounted fees are responsible for the nominal fee and expected to pay the discounted fee at the time of service unless other arrangements have been made and approved by TGF.

How do I know if I qualify for the Sliding Discount Scale Fee?

By federal law, qualification for the Sliding Discount Scale is based on two factors, household size and income. To determine whether you will qualify for a discounted fee, follow the directions below:

1. Find the row on the chart above that lists the number of individuals in your household. This number should include yourself, your spouse/partner, and children - If you are providing more than 50% financial support for other related individuals who reside full-time in your household you may count them as well (grandchildren, grandparents, nieces/nephews, aunts/uncles, etc.)
2. Next, find your gross household income range (before taxes) on the chart, either by month, week, or annual basis. You must include the income of all adult members (18 years or older) of the household – if an adult member of

your household is not currently receiving any form of income, you will be asked to sign a formal statement as part of the application declaring zero income for that individual.

The column that matches the number of qualifying household individuals and gross income will show the discount for which you qualify and the nominal fee charged for that discount category at the bottom of the column.

How often do I have to re-apply to continue receiving the Sliding Discount Scale Fee?

Once approved by the TGF Health & Wellness Center, your Sliding Discount Scale eligibility is good for up to one year from the date of application, based on source of income. Information must be updated if your household size or household income changes. ***A new application must be completed every 12 months to continue receiving the Discounted Fee.***

Please note that without proof of income, the TGF Health & Wellness Center cannot, by federal law, allow patients to claim the Discounted Fee. We are required to have on file proof that we verify income for each Sliding Discount Scale applicant who receives the Discounted Fee and are subject to federal audits that check for compliance with this requirement. If we are unable to verify income within 30 days of your application, you will be responsible for the full fee amount of your medical visit. If you have any questions about the Sliding Discount Scale Fee or other assistance programs, please ask to speak with a TGF Representative.

How do I sign up for the Sliding Discount Fee?

1. First, complete the Sliding Discount Scale Fee Application included with this informational packet. Instructions are included on the application, and please feel free to ask a TGF Representative if you have any questions regarding the application.
2. Next, you will need to provide proof of income, including the following if applicable:
 - Help from relatives and non-relatives
 - Business Profits
 - Veteran's Benefits
 - Sick Pay
 - Social Security Income
 - Worker's Compensation Income
 - Pension/Retirement Income
 - Alimony Received
 - Child Support Received
 - Unemployment Compensation
 - Disability or Supplemental Security Income (SSI)
 - Rents Received (Net)
 - Royalties Received
 - Investment Income (including rent, interest, dividends, or annuity payments received)
 - TANF or SNAP Eligibility Letter
 - Deductions commonly taken out of income before the client receives it. These include:
 - Federal, state and local taxes
 - Social Security payments
 - Deductions for savings bonds, other savings plans, or union dues
3. Attach proof of income – Examples of acceptable proof listed below (copies are acceptable):
 - 1099 Statements for the prior year
 - Last 30 days of Paycheck stubs
 - Income Tax Return for the most recent year
 - ***** IMPORTANT: IF USING INCOME TAX RETURN, YOU MUST INCLUDE THE ENTIRE RETURN WITH ALL WORKSHEETS ATTACHED***
 - Unemployment Verification (Benefit Statement)
 - Court Documents (Alimony and/or Child Support)
 - Agency Letter Stating Benefit Level (for TANF or SNAP recipients)

- Benefit Letter (SSI and Social Security recipients)
4. Submit your application with attached proof to the receptionist at the TGF Health & Wellness Center Clinic in Tamuning.

Or mail to:

**125 Tun Jesus Crisostomo Street, Suite 104
Tamuning, Guam 96913
Attn: TGF Finance Department**

Or via email to:

foundation@toduguam.com

TGF Sliding Discount Fee Schedule Application

It is the policy of the TGF Health & Wellness Center Clinic to provide patient-centered primary care regardless of the patient's ability to pay. Discounts are offered based upon household income and the number of persons living in the household. A sliding fee schedule is used to calculate the basic discount and is updated each year using federal poverty guidelines. Once approved, and based on your source of income, the discount will be honored for up to one year from the date of application, after which the patient must reapply.

A completed application including verification of income must be on file and approved by the TGF Administration before a discount will be applied. If the applicant is eligible for other assistance programs, such as the public assistance program offered by the Guam Department of Public Health & Social Services or programs covered under any grants, the TGF Health & Wellness Center Clinic will assist the applicant with applying for these in addition to the Sliding Discount Fee Schedule.

Please complete the following information:

I. Patient Information

Patient Name:

Last, First, MI

Home or Physical Address:

Street, City, State, Zip Code

Mailing Address:

Street or PO Box #, City, State, Zip Code

Date of Birth:

Name of Primary Care Physician (PCP)

Home phone #: _____ Cell phone #: _____ Email: _____

II. Guarantor Information

Name: _____
Last, First, MI

III. Household Size Information – List all individuals in the household *

1.	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Age
2.	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Age
3.	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Age
4.	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Age
5.	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Age
6.	_____	_____	_____	_____
	Name	Relationship	Date of Birth	Age

****Please attach a separate sheet with additional dependents if you need more room***

IV. Household Earnings Information – Please indicate ALL people living in your household who contribute financially, including applicants.

Include anyone at least 18 years of age or older who reside in the household and contribute to the basic living expenses of the household (including yourself.) Income includes gross (pre-tax) wages, child support income, alimony income, rental income, unemployment compensation, social security benefits, public /government assistance, pensions and/or IRA distribution income or other retirement income, etc. (see instructions for complete list.)

Name of Household Members	Date of Birth	Age	Source of Income or Employer	Monthly Gross Income

Total Monthly Income: \$ _____

Total Annual Income: \$ _____

VI. Additional Information

Are you currently receiving Food Stamps (SNAP)? ☐ YES ☐ NO

Are you currently receiving TANF? ☐ YES ☐ NO

VII. Required Information – Must be attached to this application (SEE INFORMATION FOR MORE DETAIL)

Please check that you have attached the following documentation – The TGF Health & Wellness Center Clinic CANNOT, by federal statute, provide you with a discounted fee without proof of qualifying income:

☐ *Copy of Previous Year's Tax Return*

☐ *Copy of Pay Stub showing Income YTD*

☐ *Copy of Government issued ID*

To the best of my knowledge, the above information is accurate and complete for all members of my household. I understand that if any of the information I have submitted is determined to be false, I may no longer be eligible for the sliding fee discount. Should this occur, I may be responsible for any out-of-pocket expenses.

(Please sign, date, and print your name).

Applicant's Name:

Signature

Today's Date

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Verification checklist:	Approved Sliding Fee Discount:
Indicate what proof of documents are attached:	_____ Tier A
_____	_____ Tier B
_____	_____ Tier C
_____	_____ Tier D
_____	_____ Tier E
Comments:	
Applicant notified on: _____ (Date)	Processed by: _____
	APPROVED BY: _____
Control #: _____	Date: _____