



## Sliding Fee Discount Program Information & Application

### What is the Sliding Fee Discount Program?

The Sliding Fee Discount Program allows the Todu Guam Foundation (TGF) Health & Wellness Center to discount customary charges for primary care services for our qualifying patients based on family size and income. To qualify for the program, patients must provide proof of income at or below 200% of current TGF designated federal poverty level (see chart below).

Monthly Poverty Level	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Nominal Fee \$50	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$1,443	\$1,804	\$2,165	\$2,525	\$2,886	>\$2,886
2	\$1,958	\$2,448	\$2,937	\$3,427	\$3,916	>\$3,916
3	\$2,474	\$3,093	\$3,711	\$4,330	\$4,948	>\$4,948
4	\$2,990	\$3,738	\$4,485	\$5,233	\$5,980	>\$5,980
5	\$3,506	\$4,383	\$5,259	\$6,136	\$7,012	>\$7,012
6	\$4,022	\$5,028	\$6,033	\$7,942	\$8,044	>\$8,044
7	\$4,538	\$5,673	\$6,807	\$7,942	\$9,076	>\$9,076
8	\$5,053	\$6,316	\$7,580	\$8,843	\$10,106	>\$10,106
<b>For Each Additional Person, Add</b>	\$516	\$645	\$774	\$903	\$1,032	>\$1,032

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

Depending on family size and 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 Fee Discount Program?**

Qualification for the Sliding Fee Discount Program 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. 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 Fee Discount Program?**

Once approved by the TGF Health & Wellness Center, your Sliding Fee Discount Program eligibility is good for up to six (6) months from the date of application. Information must be updated if your household size or household income changes. ***A new application must be completed every six (6) 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 Fee Discount Program 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 primary care visit. If you have any questions about the Sliding Fee Discount Program or other assistance programs, please ask to speak with a TGF Representative.

### **How do I sign up for the Sliding Fee Discount Program?**

1. First, complete the Sliding Fee Discount Program 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 source/s 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 (Temporary Assistance for Needy Families) or SNAP (Supplemental Nutrition Assistance Program) 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, and 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 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](mailto:foundation@toduguam.com)**

## TGF Sliding Fee Discount Program Application

It is the policy of the TGF Health & Wellness Center to provide patient-centered primary care regardless of the patient's ability to pay. Discounts are offered based upon household income and family size. A sliding fee schedule is used to calculate the 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 six (6) months 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 will assist the applicant with applying for these in addition to the Sliding Fee Discount Program.***

Please complete the following information:

### I. Patient Information

Patient Name:

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Last, First, MI

Home Address:

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Street, City, State, Zip Code

Mailing Address:

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

Date of Birth: Name of Primary Care Physician (PCP)

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### 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 space*

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

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

*\*Please attach a separate sheet with additional sources if you need more space*

**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

If you checked yes to one of the above boxes and wish to qualify for the 20% discount only, you must attach your letter of eligibility.

**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 CANNOT, by federal statue, provide you with a discounted fee without proof of qualifying income:

- \_\_\_ **Copy of Previous Year’s Tax Return**
- \_\_\_ **Copy of Paystub showing Income YTD**
- \_\_\_ **SNAP or TANF Eligibility Letter\***
- \_\_\_ **Other** \_\_\_\_\_

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).

\_\_\_\_\_  
Applicants Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

**For TGF Office Use Only**

<b>Verification checklist:</b>	<b>Approved Sliding Fee Discount:</b>
<b>Indicate what proof of documents are attached:</b>	_____ Tier A
_____ Copy of Previous Year's Tax Return	_____ Tier B
_____ Copy of Paystub showing Income YTD	_____ Tier C
_____ SNAP or TANF Eligibility Letter*	_____ Tier D
_____ Other _____	_____ Tier E
<b>Comments:</b>	Processed by (name and signature): _____
	Approved by (name and signature): _____
<b>Applicant notified on (date):</b> _____	Date: _____
<b>Control #:</b> _____	