



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	\$14,580	\$18,225	\$21,780	\$25,515	\$29,160	\$29,160
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,440
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,720
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,000
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,280
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,560
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,840
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,120
For Each Additional Person, Add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	\$10,280

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:

- 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.)
- 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)

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, please 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 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 Incomer YTD

-SNAP or TANF Eligibility Letter* -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).

Applicants Name:

Signature

Today's Date

FOR OFFICE USE ONLY

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: _____