

# Sliding Discount Fee Schedule Information & Application

UPDATED BY THE END OF JANUARY EACH YEAR AFTER THE NEW FEDERAL POVERTY GUIDELINES ARE MADE AVAILABLE TO THE PUBLIC BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Smile Philosophy Dental Care offers discounted fees for disease and pain related essential dental services for our qualifying patients based on household size and household income. In order to qualify for the program, patients must provide proof of income below 200% of the current federal poverty level. Chart provided below.

Do you qualify for a sliding fee schedule?

1. Find your family/household size in the charts below. The first chart is based on monthly income, the second chart is based on yearly income.
2. Reading across your household size, find the column that best describes your household income.
3. The Slide Scale will be the discount that you will receive for your dental treatment.

HOUSEHOLD SIZE	SLIDING DISCOUNT SCALE MONTHLY INCOME LEVEL AS OF JANUARY 1, 2018				NON QUALIFYING
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1	UP TO \$1012	UP TO \$1346	UP TO \$1770	UP TO \$2023	OVER \$2024
2	\$1372	\$1824	\$2400	\$2743	\$2744
3	\$1732	\$2303	\$3030	\$3463	\$3464
4	\$2092	\$2782	\$3660	\$4183	\$4184
5	\$2452	\$3261	\$4290	\$4903	\$4904
6	\$2812	\$3740	\$4920	\$5623	\$5624
7	\$3172	\$4218	\$5550	\$6343	\$6344
8	\$3532	\$4697	\$6180	\$7063	\$7064
SLIDING SCALE	SLIDE A 20% PAY	SLIDE B 40% PAY	SLIDE C 60% PAY	SLIDE D 80% PAY	100% PAY

HOUSEHOLD SIZE	SLIDING DISCOUNT SCALE YEARLY INCOME LEVEL AS OF JANUARY 1, 2018				NON QUALIFYING
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1	\$0- \$12,140	\$12,141-\$16,146	\$16,147-\$20,152	\$20,153-\$24,280	OVER \$24,281
2	\$0- \$16,460	\$16,141-\$21,892	\$21,893-\$27,324	\$27,325-\$32,920	OVER \$32,921
3	\$0- \$20,780	\$20,781-\$27,637	\$27,638-\$34,495	\$34,496-\$41,560	OVER \$41,561
4	\$0- \$25,100	\$25,101-\$33,383	\$33,384-\$41,666	\$41,667-\$50,200	OVER \$50,201
5	\$0- \$29,420	\$29,421-\$39,129	\$39,130-\$48,837	\$48,838-\$58,840	OVER \$58,841
6	\$0- \$33,740	\$33,741-\$44,874	\$44,875-\$56,008	\$56,009-\$57,480	OVER \$67,481
7	\$0- \$38,060	\$38,061-\$50,620	\$50,621-\$63,180	\$63,181-\$76,120	OVER \$76,121
8	\$0- \$42,380	\$42,381-\$56,365	\$56,366-\$70,351	\$70,352-\$84,760	OVER \$84,761

<b>SLIDING SCALE</b>	<b>SLIDE A 20% PAY</b>	<b>SLIDE B 40% PAY</b>	<b>SLIDE C 60% PAY</b>	<b>SLIDE D 80% PAY</b>	<b>100% PAY</b>
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<b>FOR EACH ADDITIONAL PERSON, ADD...</b>	<b>\$4320</b>	<b>\$5,400</b>	<b>\$6,480</b>	<b>\$7,560</b>	<b>\$8,640</b>
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\*BASED ON 2018 FEDERAL POVERTY GUIDELINES

The Sliding Discount Fee is available to all patients who qualify based on income and family size and no other factors. This application will not consider any assets, insurance status, or citizenship. If you have insurance coverage, depending on the practice's contract of participation of that insurance company, you may not be eligible for a sliding fee schedule discount until all dental insurance benefits have been maximized for the benefit period. You may submit an application for the Sliding Discount Fee to apply to the patient responsibility portion of the charges, but your participation is based on the active contract between the dentist and the insurance company.

**\*IF NOT PAID AT TIME OF SERVICE AND LAB, PARTS AND EXTRAORDINARY FEES**

Patients that qualify for the discounted fees are responsible only for the nominal fee in their respective tier unless there are lab fees, parts and in some cases extraordinary equipment necessary to provide the requested and/or recommended treatment. At that time, the patient is responsible for those fees in addition to the nominal fee and must be paid at the time of service or before parts or equipment will be ordered. These additional fees will never prevent the care of any patient that is in discomfort.

**\*THE APPLICATION PROCESS**

Once approved, your application is good for 1 year from the date of the application, based on source of income. YOU MUST update your household size and household income changes. PLEASE NOTE: without proof of income, Smile Philosophy Dental Care, by federal law, cannot allow patients to claim the Discounted Fee. We are required to have on file proof that we verify income for each 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 14 days of your application, you will be responsible for the full fee amount of your visit(s) and subject to the practice's financial policy. If you have any questions, please ask to speak to our front desk team.

**\*HOW DO YOU APPLY FOR THE SLIDING DISCOUNT FEE SCHEDULE**

1. Complete the Sliding Discount Scale Fee Application included with this packet. Follow the instructions provided. Feel free to ask questions.
2. You will need to provide proof of income. This MUST be ALL of the following that applies to your current situation:
  - W-2 Wages including tips
  - 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 (includes rent, interest, dividends, or annuity payments received)
- TANF or SNAP Eligibility Letter
- Financial Award Letter AND School-Provided Budget (Only net remaining amount-the refund you receive from the school-will be considered)
- 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):

- W-2 Wage statement for the prior year
- 1099 Statements for the prior year
- Last 30 days of Paycheck stubs
- Income Tax Return for the most recent year
  - 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 front desk at Smile Philosophy Dental Care or mail to :

SMILE PHILOSOPHY DENTAL CARE  
 701 N BROAD STREET  
 NEW ORLEANS, LOUISIANA 70119

5. Patients will automatically be disqualified from receiving any sliding fee schedule discounts when:

1. FAILURE TO PROVIDE TRUTHFUL AND CURRENT INFORMATION REGARDING INCOME AND FAMILY WILL RESULT IN IMMEDIATE DISQUALIFICATION
2. FAILURE TO APPEAR FOR SCHEDULED APPOINTMENTS WILL RESULT IN IMMEDIATE DISQUALIFICATION
  - a. 1ST MISSED APPOINTMENT WITHOUT SAME DAY COMMUNICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION
  - b. 1ST MISSED APPOINTMENT WITH COMMUNICATION WILL RESULT IN A WARNING THAT A 2ND MISSED APPOINTMENT WITH OR WITHOUT COMMUNICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION

## SMILE PHILOSOPHY DENTAL CARE SLIDING FEE DISCOUNT APPLICATION

Patient Name:                      Last    First    Middle

Address:                      Street    City    State    Zip

Telephone Numbers:                      Home/Cell    Work    Date of Birth    Social Security Number

### HOUSEHOLD INFORMATION-You MUST list all individuals in the household

1.Name/Relationship	Date of Birth/Age	5.Name/Relationship	Date of Birth/Age
2.Name/Relationship	Date of Birth/Age	6.Name/Relationship	Date of Birth/Age
3.Name/Relationship	Date of Birth/Age	7.Name/Relationship	Date of Birth/Age
4.Name/Relationship	Date of Birth/Age	8.Name/Relationship	Date of Birth/Age

### HOUSEHOLD EARNINGS INFORMATION

You MUST list all individuals in the household that contribute financial including the applicant.

Household Member	Date of Birth	Age	Source of Income or Employer	Monthly Gross Income

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

**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. This will place your account on the SLIDE D 80% pay fee schedule. If the applicant is eligible for a greater discount based on income and household size and provides proof of income in addition to a SNAP or TANF eligibility letter, the greater discount will be applied to any treatment provided after proof is received. A retroactive discount will not be adjusted to provide the patient a credit toward future treatment.

Please check that you have attached the following documentation- Smile Philosophy Dental Care CANNOT, by federal statute, provide you with a discounted fee without proof of qualifying income:

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Previous Year's Tax Return | <input type="checkbox"/> Copy of Paystubs Showing Income YTD |
| <input type="checkbox"/> SNAP or TANF Eligibility Letter*   | <input type="checkbox"/> Other                               |

To the best of my knowledge, the above information is accurate and complete for all members of my household.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print your name \_\_\_\_\_

This applicant process was discussed with the patient by:

Team Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Print your name \_\_\_\_\_

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(FOR OFFICE USE ONLY)

Sliding Discount Rate: A B C D N/A

Date Application Received: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(1 year from the most current document provided)

Total Monthly Income: \_\_\_\_\_

# of Household Members: \_\_\_\_\_

VERIFICATION CHECKLIST	YES	NO
IDENTIFICATION/ADDRESS: Driver's license, utility bill, employment ID, etc. (MUST HAVE A PHOTO ID)		
INCOME: prior year tax return, three most recent pay stubs, etc.		
INSURANCE: Insurance Cards		

Staff member completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature \_\_\_\_\_