

**UNITY HEALTH NETWORK LLC**  
**INFECTIOUS DISEASE DEPARTMENT**  
**DISCOUNT FEE POLICY**

**Policy**

It is our policy to provide infectious disease medical services regardless of the patient's ability to pay. Discounts are offered to underinsured and uninsured patients based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply.

**Discount Application Process**

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required. A decision will be made within 2 business days of receipt.

**Procedure**

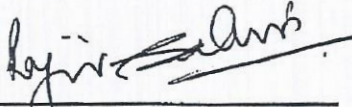
1. As part of the registration process, the patient service representative will determine whether the applicant is covered under a health insurance plan. If the applicant is uninsured, he/she will be informed of the availability of the sliding fee and explain the paperwork needed to complete the application.
2. Individuals interested in applying for the discount must provide one of the following forms of written verification of household income and size:
  - a. Paycheck stub (most recent)
  - b. W-2 Form
  - c. Last Income Tax Return
  - d. Written statement from employer
  - e. Unemployment check stub
  - f. Social Security check stub
  - g. Self-Declaration of Income (to be used only if the applicant does not have a written income verification)

3. Once the applicant completes the Discount Fee Application, the patient service representative will review it for completeness.

4. The patient service representative will make a copy of the written income verification and attach it to the registration form.

5. Once the application is approved, inform the applicant of the temporary discount granted and the expected amount to be paid.

Approved:

  
Practice Chair

**UNITY HEALTH NETWORK, LLC**  
**INFECTIOUS DISEASE DEPARTMENT**

**Sliding Fee Discount Application**

It is our policy to provide infectious disease medical services regardless of the patient's ability to pay. This discount may be applied to copayment, co-insurance, and/or deductible balances if applicable. Discounts are offered based upon family/household size and annual income. Please complete the following information and return to your patient service representative.

The discount will apply to all services received at this practice. In the hope that your financial situation improves, discounts apply only to current, not future, services.

Number of related persons living in your household:

Household Members	HOUSEHOLD INCOME (complete only one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Total Income			
# Dependent Children Under age 18			

**Note:** Include income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, military, child support, unemployment, and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print)

Signature

Date

Approved by

Date

Discount

UNITY HEALTH NETWORK LLC  
 INFECTIOUS DISEASE DEPARTMENT  
 SLIDING FEE SCHEDULE  
 BASED ON 2020 FEDERAL POVERTY GUIDELINES

FAMILY SIZE	A		B		C		D		E	
	ABOVE	AT OR BELOW	ABOVE	AT OR BELOW	ABOVE	AT OR BELOW	ABOVE	AT OR BELOW	ABOVE	AT OR BELOW
1	\$0	\$12,760	\$12,760	\$15,950	\$15,950	\$19,140	\$19,140	\$22,330	\$22,330	\$25,520
2	\$0	\$17,240	\$17,240	\$21,550	\$21,550	\$25,860	\$25,860	\$30,170	\$30,170	\$34,480
3	\$0	\$21,720	\$21,720	\$27,150	\$27,150	\$32,580	\$32,580	\$38,010	\$38,010	\$43,440
4	\$0	\$26,200	\$26,200	\$32,750	\$32,750	\$39,300	\$39,300	\$45,850	\$45,850	\$52,400
5	\$0	\$30,680	\$30,680	\$38,350	\$38,350	\$46,020	\$46,020	\$53,690	\$53,690	\$61,360
6	\$0	\$35,160	\$35,160	\$43,950	\$43,950	\$52,740	\$52,740	\$61,530	\$61,530	\$70,320
7	\$0	\$39,640	\$39,640	\$49,550	\$49,550	\$59,460	\$59,460	\$69,370	\$69,370	\$79,280
8	\$0	\$44,120	\$44,120	\$55,150	\$55,150	\$66,180	\$66,180	\$77,210	\$77,210	\$88,240
For each additional person, add		\$4,480		\$5,600		\$6,720		\$7,840		\$8,960
%POVERTY	100%		125%		150%		175%		200%	
DISCOUNT	100%		80%		60%		40%		20%	