

Maple Street Clinic
109 E. Maple, Gillespie, IL 62033
217-839-1526 – Medical/Behavioral
217-839-1538 - FAX
217-839-4110 – Dental



Morgan Street Clinic
1115 Morgan St., Carlinville, IL 62626
Medical/Behavioral - 217-854-3692
FAX – 217-930-2293
Dental - 217-854-6823

Columbian Blvd. Dental Clinic ~ 125 W. Columbian Blvd. South ~ Litchfield, IL 62056 ~ 217-250-2360 (p) ~ 217-250-2365 (fax)
St. Francis Way Clinic ~ 805 St. Francis Way ~ Litchfield, IL 62056 ~ 217-250-2380 (p) ~ 217-250-2385 (fax)
Health & Wellness Center ~ 118 W Chestnut St ~ Gillespie, IL 62033 ~ 217-839-7200 (p) ~ 217-839-7201 (fax)

SLIDING FEE DISCOUNT ELIGIBILITY CRITERIA

Macoupin County Public Health Centers is a federally qualified health center that provides primary and preventative health care services to individuals who have limited access to health care due to the lack of financial resources or health insurance. To ensure that income or lack of insurance is not a barrier to health care, low-income patients who are not covered by public or private insurance are charged for services on a sliding fee discount scale. The Sliding Fee Discount Scales are posted in the Health Centers' waiting room area.

1. The Federal Poverty Income level guidelines are used to determine the discount the patient will receive **based on their income and family size.**
2. To be considered for evaluation for the Clinic's sliding fee discount, patients MUST provide the following information regarding their annual household gross income at the time of their initial appointment. **Patients will be charged the full service fee until proof of annual household gross income has been provided.** If patient does not have physical proof of annual household gross income at their first visit, verbal statement of income will be accepted. Physical proof of annual household gross income must be provided prior to 60 days or next visit, whichever comes first.
3. ***Established patients*** must complete a new slide application and provide proof of annual household gross income at their first visit once the new slide fees have been established according to the updated federal poverty guidelines.
4. The patient's annual household gross income will be verified to meet eligibility requirements every twelve months, upon a change in patient circumstance as declared by the patient, or upon a change in Federal Poverty Guidelines.
NOTE At any time the patient's financial situation changes, such as loss of income, etc., the patient may bring in new proof of income to be considered for the sliding fee discounted rates. If patients state they have no income or ability to pay, the patient will be offered a Zero Income Affidavit for completion. Zero Income affidavits will be reviewed by the CEO, CFO, and COO and the patient will be notified in writing within 30 days of the receipt of the request. No income or inability to pay means the patient has no income including earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance (financial aid), alimony, child support, assistance from outside the family unit, or other miscellaneous sources.
5. If patient has third party insurance coverage, they will be charged the lesser of the sliding scale fee discount or their patient responsibility remaining after insurance processing.

You may email your paperwork and proof of annual household gross income to MCPHD's Billing Department at: slidingscalefee@mcphd.net

ACCEPTABLE FORMS OF PROOF OF INCOME

1. Two or more months of the most recent pay stubs
2. Federal Tax Return for the previous year
3. 1099 form, Self-Employment Records
4. Other income records
 - a. Employment Verification Statement
 - b. Verification of Unemployment
 - c. Disability Insurance Award Letter
 - d. Zero Income Affidavit – Verified and approved by CEO, CFO, and COO
 - e. Social Security Benefit Letter

For the purposes of the Sliding Fee Discount Program Eligibility, the definition of family and income are stated below:

Definition of Family: A group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family, aka family unit

Definition of Housing Unit: A house or apartment

Definition of Unrelated Individual: An unrelated individual is a person who is not living with any relatives. An unrelated individual may be the only person living in a housing unit or may be living in a housing unit in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption.

Definition of Household: A household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, their household would consist of two family units.

Definition of Income: Income is defined as earnings over a given period of time used to support an unrelated individual or family unit based on set criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings. Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance (financial aid), alimony, child support, assistance from outside the family unit, and other miscellaneous sources.

Definition of annual household gross income: Annual household gross income is defined as income for all members of a family unit. Annual household gross income is based on the **gross** income before taxes or other deductions for all members of the family unit.

1. The Clinic uses the Federal Poverty Income level guidelines to determine the discount the patient will receive based on their income and family size.
2. If a patient requests to be evaluated for the Sliding Fee Discount Program, they MUST bring information regarding their annual household gross income with them when they come to their initial appointment. Patient will be charged full fee until proof of income is provided.
3. To continue to qualify for sliding fee discount, the patient will need to provide annual household gross income information annually upon request.

Family Unit Verification Worksheet

Patient Name _____

Date of Birth _____

Number of people supported by family unit’s annual household gross income _____

List the people in the family unit, their date of birth and their relationship to patient.

Name	Date of Birth	Relationship to Patient	Annual Gross Income

I understand that all the information given may be confirmed by Macoupin County Public Health Centers. I also understand that providing false information is considered fraud and will result in a denial of the Sliding Fee Discount Program application and that I will owe the charges for the services rendered. I understand that if I am approved, the discount is good from the date of the application to the next release of the federal poverty guidelines and that I will have to complete another application at that point for the discount to continue. I also understand that if I am approved for the discount, I am obligated to inform Macoupin County Public Health Centers if my financial situations change so that Macoupin County Public Health Centers can re-evaluate my eligibility for the discount.

Applicant Name – (please print): _____

Applicant Signature _____

Date _____

Please email your paperwork and proof of annual household gross income to MCPHD’s Billing Department at:

slidingscalefee@mcphd.net

Interpretation Services will be provided upon request.

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PROOF OF INCOME WORKSHEET

(for employee use ONLY)

Patient name _____

Number of people in family unit _____

Enter amount of annual household gross income _____

If they get paid monthly multiply gross amount times 12.

Gross amount _____

Gross Amount times 12 _____

This amount is your annual income

\$ _____

If they get paid biweekly multiply gross amount times 26.

Gross amount _____

Gross Amount times 26 _____

This amount is your annual income

\$ _____

If they get paid weekly multiply gross amount times 52.

Gross amount _____

Gross Amount times 52 _____

This amount is your annual income

\$ _____

If they get paid bimonthly multiply gross amount times 24.

Gross amount _____

Gross Amount times 24 _____

This amount is your annual income

\$ _____

Sliding Fee Discount Program paperwork completed.

Yes No

Proof of annual household gross income received.

Yes No

Data entered in NextGen.

Yes No

Completed by (employee signature) _____

Date _____

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PROMPT PAY POLICY

The Macoupin County Public Health Centers offer a Prompt Pay Policy for those patients who do not qualify for the Sliding Fee Discount. The “Prompt Pay Policy” will follow the below guidelines below:

Patients will be required to pay a \$75 same day of service payment and will receive a same day of service discounted adjustment. If a patient is covered by third party insurance, the discount will be applied after insurance payments are made. Patients are required to self-attest to their stated income and household size if their annual household gross income is greater than the federal poverty guidelines. Patients are not required to provide proof of annual household gross income if their annual household gross income is greater than the federal poverty level guidelines. Additional charges will apply to non- covered services and will be disclosed on a separate contract agreement form.

Patient stated annual household gross income \$ _____ # of members in family unit _____

I understand that to perjure myself to obtain financial assistance is a fraudulent offense for which I can be prosecuted:

Applicant Name – (please print): _____

Applicant Signature _____ Date _____

Witnessed by _____ Date _____

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Although a patient’s inability to pay for services will not prohibit services being provided, a patient who refuses to pay even though able to pay, may be subject to collection activities.

Interpretation Services will be provided upon request.

Sliding Discount Fee Schedules

2022 Dental Sliding Discount Fee Schedule

Family Size	Level 1	Level 2	Level 3	Level 4	Level 5	Full Fee, No Discount
1	\$0 -\$13,590	\$13,591-\$16,988	\$16,989-\$20,385	\$20,386-\$23,783	\$23,784-\$27,180	>\$27,181
2	\$0 -\$18,310	\$18,311-\$22,888	\$22,889-\$27,465	\$27,466-\$32,043	\$32,044-\$36,620	>\$36,621
3	\$0 -\$23,030	\$23,031-\$28,788	\$28,789-\$34,545	\$34,546-\$40,303	\$40,304-\$46,060	>\$46,061
4	\$0 -\$27,750	\$27,751-\$34,688	\$34,689-\$41,625	\$41,626-\$48,563	\$48,564-\$55,500	>\$55,501
5	\$0 -\$32,470	\$32,471-\$40,588	\$40,589-\$48,705	\$48,706-\$56,823	\$56,824-\$64,940	>\$64,941
6	\$0 -\$37,190	\$37,191-\$46,488	\$46,489-\$55,785	\$55,786-\$65,083	\$65,084-\$74,680	>\$74,681
7	\$0 -\$41,910	\$41,911-\$52,388	\$52,389-\$62,865	\$62,866-\$73,343	\$73,344-\$83,820	>\$83,821
8	\$0 -\$46,630	\$46,631-\$58,288	\$58,289-\$69,945	\$69,946-\$81,603	\$81,604-\$93,260	>\$93,261
	\$30 Minimum Due	\$35 Minimum Due	\$40 Minimum Due	\$45 Minimum Due	\$50 Minimum Due	**See Prompt Pay Policy

2022 Medical/Behavioral Health Discount Fee Schedule

Family Size	Level 1	Level 2	Level 3	Level 4	Level 5	Full Fee, No Discount
1	\$0 -\$13,590	\$13,591-\$16,988	\$16,989-\$20,385	\$20,386-\$23,783	\$23,784-\$27,180	>\$27,181
2	\$0 -\$18,310	\$18,311-\$22,888	\$22,889-\$27,465	\$27,466-\$32,043	\$32,044-\$36,620	>\$36,621
3	\$0 -\$23,030	\$23,031-\$28,788	\$28,789-\$34,545	\$34,546-\$40,303	\$40,304-\$46,060	>\$46,061
4	\$0 -\$27,750	\$27,751-\$34,688	\$34,689-\$41,625	\$41,626-\$48,563	\$48,564-\$55,500	>\$55,501
5	\$0 -\$32,470	\$32,471-\$40,588	\$40,589-\$48,705	\$48,706-\$56,823	\$56,824-\$64,940	>\$64,941
6	\$0 -\$37,190	\$37,191-\$46,488	\$46,489-\$55,785	\$55,786-\$65,083	\$65,084-\$74,680	>\$74,681
7	\$0 -\$41,910	\$41,911-\$52,388	\$52,389-\$62,865	\$62,866-\$73,343	\$73,344-\$83,820	>\$83,821
8	\$0 -\$46,630	\$46,631-\$58,288	\$58,289-\$69,945	\$69,946-\$81,603	\$81,604-\$93,260	>\$93,261
	\$20 Minimum Due	\$30 Minimum Due	\$35 Minimum Due	\$40 Minimum Due	\$45 Minimum Due	**See Prompt Pay Policy

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Good Faith Estimate

You have the right to a “Good Faith Estimate” explaining how much your care will cost

Under the law, health care providers need to give patients who are uninsured or self-pay or who are not using insurance an estimate of the bill for items and services provided by the Macoupin County Public Health Centers.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.
- Good Faith Estimate will be provided to you in writing before your service or item if scheduled 3-10 business days in advance. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- The Macoupin County Public Health Center, as part of the course of care, may recommend additional services that will need to be scheduled or requested separately and are not reflected in the GFE.
- The GFE is only an estimate of items or services reasonably expected to be furnished at the time it was issued, and that actual items, services, or charges may differ from the GFE.
- The GFE is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from the Macoupin County Public Health Centers or any other provider listed.
- The patient may initiate the patient-provider dispute resolution process if the actual billed charges are substantially more than \$400.00.