

Kiowa District Healthcare
Sliding Fee Discount Program
Application

Sliding Fee Discount Information

It is the policy of Kiowa District Healthcare to provide essential services regardless of the patient's ability to pay. ABC offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME:				
STREET:	CITY:	STATE:	ZIP:	PHONE:

Please list all household members, including those under age 18.

	NAME	DATE OF BIRTH
SELF		
OTHER		
OTHER		
OTHER		

SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, Veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties, income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household, and other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above is correct.

NAME: (Print) _____

Signature: _____

Date: _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.



2022 Federal Poverty Guidelines

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty

	100.00%	125.00%	150.00%	175.00%	200.00%	>200%
PATIENT PAYS:	Pay 0%	Pay 20 %	Pay 40%	Pay 60%	Pay 80%	Pay 100%
FAMILY SIZE:						
1	\$13,590.00	\$16,987.50	\$20,385.00	\$23,782.50	\$27,180.00	\$27,180.00
2	\$18,310.00	\$22,887.50	\$27,465.00	\$32,042.50	\$36,620.00	\$36,620.00
3	\$23,030.00	\$28,787.50	\$34,545.00	\$40,302.50	\$46,060.00	\$46,060.00
4	\$27,750.00	\$34,687.50	\$41,625.00	\$48,562.50	\$55,500.00	\$55,500.00
5	\$32,470.00	\$40,587.50	\$48,705.00	\$56,822.50	\$64,940.00	\$64,940.00
6	\$37,190.00	\$46,487.50	\$55,785.00	\$65,082.50	\$74,380.00	\$74,380.00
7	\$41,910.00	\$52,387.50	\$62,865.00	\$73,342.50	\$83,820.00	\$83,820.00
8	\$46,630.00	\$58,287.50	\$69,945.00	\$81,602.50	\$93,260.00	\$93,260.00
For Each Additional Person Add:	\$4,720.00	\$5,900.00	\$7,080.00	\$8,260.00	\$9,440.00	\$9,440.00

* Based on the 2022 HHS poverty Guidelines (<http://aspe.hhs.gov/poverty/12poverty.cfm>)

QUALITY **C.A.R.E.** CLOSE TO HOME
Compassionate – Accessible – Reliable - Excellent