

<b>SECTION</b>	Business Office	<b>APPROVED BY</b>	Board of Directors
<b>POLICY</b>	Sliding Fee Program	<b>ADOPTED DATE</b>	May 16 <sup>th</sup> , 2018
<b>POLICY #</b>	12.30	<b>NEXT REVIEW DATE</b>	February 2027
<b>REVISED DATE</b>	February 18, 2026	<b>REVIEWED DATE</b>	February 18, 2026
		<b>BOARD APPROVAL</b>	February 18, 2026

## SLIDING FEE PROGRAM

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### POLICY STATEMENT

Bucksport Regional Health Center (BRHC) provides a Sliding Fee Discount Program (SFDP) to ensure that patients are able to access health care services regardless of their ability to pay. Patient charges are adjusted based on household size and household income in relation to the Federal Poverty Guidelines (FPG)

### PURPOSE

This policy is to ensure that no patient is denied services due to inability to pay by applying a board-approved Sliding Fee Discount Program (SFDP) based solely on household size and income relative to current Federal Poverty Guidelines (FPG). BRHC does not deny services based on inability to pay or source of payment and does not discriminate based on race, color, sex, age, national origin, disability, religion, or individuality. The Sliding Fee Discount Program will be applied uniformly to all patients.

### PROCEDURES

1. Federal Poverty Guidelines are reviewed annually and the sliding fee discount schedule is updated accordingly. Upon approval by the CEO and Policy Committee, updates are presented to the Board of Directors for final approval. The updated policy is put into effect no later than April 1st of each year.
2. BRHC informs patients about SFDP through signage, website, billing statements, and intake procedures.
3. Eligibility is determined solely by household size and income. Acceptable documentation includes tax returns, W-2, or recent pay stubs. Self-attestation is permitted when documentation cannot reasonably be obtained (e.g., homelessness, migrant workers). The term "household size" includes all children and adults living in a traditional or non-traditional family unit that are tied together financially. The term "household income" includes the gross income of all persons living in a traditional or non-traditional family unit supporting that family unit.
4. Eligibility is re-evaluated annually or upon reported income/household changes. At the time documentation is provided, any eligible discount will be applied to previous services retroactively for up to 30 days.
5. Patients applying for the sliding fee discount program will be informed that they are obligated to contact the Health Center if their income or household status changes.

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6. Patients with insurance remain eligible for SFDP for out-of-pocket costs if they qualify for the program. BRHC ensures insured SFDP patients do not pay more than the SFDS amount.
7. The Sliding Fee Discount determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee discount amount, or if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Collection Policy 12.29 will be followed. The applicant has the option to reapply after 12 months or anytime there has been a significant change in family income.
8. BRHC will allow multiple fee scales based on type of service received by the patient. (See attachment A-2) Dental items ordered through an outside laboratory are not eligible for sliding fee discount.
9. BRHC maintains a fee schedule based on locally prevailing rates and reasonable costs that is approved annually by the Board of Directors. The Sliding Fee Discount Schedule (SFDS) adjusts patient charges based on income and household size using Federal Poverty Guidelines (FPG):
  - ≤100% FPG: Full discount; nominal fee may be assessed.
  - 101–200% FPG: Graduated partial discounts.
  - >200% FPG: No discount.

The Sliding Fee Discount Program (SFDP) applies to all in scope services for which BRHC charges distinct fees (Form 5A). Discounts categories and nominal fee amounts are applied uniformly.

10. The Health Center will conduct annual surveys to ensure the nominal fee does not present a barrier to access to services. The nominal fee does not reflect the cost of the service, is not a minimum fee or prerequisite to care, and services will not be withheld if the nominal fee is unpaid.
11. Services covered by the Health Center Sliding Fee Program include all required services, additional services and specialty services filed by the Health Center with HRSA through HRSA's Scope of Project approval process. Program coverage includes all services provided onsite and all services provided by referral to others.
12. BRHC will maintain consistent expectations for payment on outstanding balances and clearly communicate these expectations. Billing and collections processes comply with HRSA Chapter 16 standards; payment requested at time of service, with payment plan options as needed.



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Attachments:

- A1 : Sliding Fee Scale Discount Program Guidelines
- A2 : BRHC's Sliding Fee Discount Chart
- A3 : BRHC's Sliding Fee Application
- A4 : SFDP Self Affidavit of Income and Family Size
- A5: Level A SFDP Approval Letter
- A6 : Level B SFDP Approval Letter
- A7: Level C SFDP Approval Letter
- A8: Level D SFDP Approval Letter
- A9: SFDP Non-Eligible Letter
- A10: SFDP Renewal Letter
- A11: SFDP Annual Survey Letter