

Fee: Telemedicine Visits

Income Per Year

Household/ Family Size	100%	200%	300%	> 300%
1	\$15,060	\$30,120	\$45,180	> \$45,180
2	\$20,440	\$40,880	\$61,320	> \$61,320
3	\$25,820	\$51,640	\$77,460	> \$77,460
4	\$31,200	\$62,400	\$93,600	> \$93,600
5	\$36,580	\$73,160	\$109,740	> \$109,740
6	\$41,960	\$83,920	\$125,880	> \$125,880
7	\$47,340	\$94,680	\$142,020	> \$142,020
8	\$52,720	\$105,440	\$158,160	> \$158,160
9	\$58,100	\$116,200	\$174,300	> \$174,300
10	\$63,480	\$126,960	\$190,440	> \$190,440
11	\$68,860	\$137,720	\$206,580	> \$206,580
12	\$74,240	\$148,480	\$222,720	> \$222,720
13	\$79,620	\$159,240	\$238,860	> \$238,860
14	\$85,000	\$170,000	\$255,000	> \$255,000
MAXIMUM Fee	\$0	\$20	\$30	\$22 - \$217+ (based on NP time)

Income Per Month

Household/ Family Size	100%	200%	300%	> 300%
1	1,255.00	2,510.00	3,765.00	> 3,765.00
2	1,703.33	3,406.67	5,110.00	> 5,110.00
3	2,151.67	4,303.33	6,455.00	> 6,455.00
4	2,600.00	5,200.00	7,800.00	> 7,800.00
5	3,048.33	6,096.67	9,145.00	> 9,145.00
6	3,496.67	6,993.33	10,490.00	> 10,490.00
7	3,945.00	7,890.00	11,835.00	> 11,835.00
8	4,393.33	8,786.67	13,180.00	> 13,180.00
9	4,841.67	9,683.33	14,525.00	> 14,525.00
10	5,290.00	10,580.00	15,870.00	> 15,870.00
11	5,738.33	11,476.67	17,215.00	> 17,215.00
12	6,186.67	12,373.33	18,560.00	> 18,560.00
13	6,635.00	13,270.00	19,905.00	> 19,905.00
14	7,083.33	14,166.67	21,250.00	> 21,250.00
MAXIMUM Fee	\$0	\$20	\$30	\$22 - \$217+ (based on NP time)

For patients with Medicaid insurance, ALL out-of-pocket charges are waived

Fee: Patient Portal Messages & Other Communication

Income Per Year

Household/ Family Size	100%	200%	300%	> 300%
1	\$15,060	\$30,120	\$45,180	> \$45,180
2	\$20,440	\$40,880	\$61,320	> \$61,320
3	\$25,820	\$51,640	\$77,460	> \$77,460
4	\$31,200	\$62,400	\$93,600	> \$93,600
5	\$36,580	\$73,160	\$109,740	> \$109,740
6	\$41,960	\$83,920	\$125,880	> \$125,880
7	\$47,340	\$94,680	\$142,020	> \$142,020
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11	\$68,860	\$137,720	\$206,580	> \$206,580
12	\$74,240	\$148,480	\$222,720	> \$222,720
13	\$79,620	\$159,240	\$238,860	> \$238,860
14	\$85,000	\$170,000	\$255,000	> \$255,000
MAXIMUM Fee	\$0	\$1	\$2	\$14 - \$48+ (based on NP time)

Income Per Month

Household/ Family Size	100%	200%	300%	> 300%
1	1,255.00	2,510.00	3,765.00	> 3,765.00
2	1,703.33	3,406.67	5,110.00	> 5,110.00
3	2,151.67	4,303.33	6,455.00	> 6,455.00
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MAXIMUM Fee	\$0	\$1	\$2	\$14 - \$48+ (based on NP time)

For patients with Medicaid insurance, ALL out-of-pocket charges are waived

Who is in your household?

You may have a roommate, a friend sleeping on your couch, or family staying with you, but should you include them on your Marketplace application? The quick answer is “not necessarily.” Let’s explain.

Who should you include?

You (the tax filer) + spouse + tax dependents = household

You should include your spouse if you are legally married.

Include your spouse and all tax dependents, even if one or more of them does not need health coverage.

Do not include anyone living or staying in your home who will not be claimed as a tax dependent.

There are some exceptions to the rules above.

Relationship	Include on application?	Notes to consider
Dependent children, including adopted and foster children	Yes	Include any child you will claim as a tax dependent, regardless of age.
Children you share custody of	Sometimes	Include children whose custody you share only during years you claim them as tax dependents.
Nondependent children younger than age 26	Sometimes	Include them only if you want to cover them on your Marketplace plan.
Children younger than age 21 who you take care of	Yes	Include any child younger than 21 you take care of and who lives with you, even if not your tax dependent.
Unborn children	No	Don’t include a baby until it is born. You have up to 60 days after the birth to enroll your baby.
Child or other relative living with you who is not a tax dependent	No	Include only if you will claim them as tax dependents. Learn more about the rules of who can be claimed as a dependent from the IRS.
Parents who are your dependents	Yes	Include only if you will claim them as tax dependents. Learn more about the rules of who can be claimed as a dependent from the IRS.
Siblings and other relatives who are your tax dependents	Yes	Include only if you will claim them as tax dependents. Learn more about the rules of who can be claimed as a dependent from the IRS.
Spouse	Yes	Include your legally married spouse, whether opposite sex or same sex. In most cases, you and your spouse must file taxes jointly to qualify for financial assistance.
Legally separated spouse	No	Don’t include a spouse if you are legally separated, regardless of your living situation.
Divorced spouse	No	Don’t include a former spouse, regardless of living situation.
Spouse if you’re living apart	Yes	Include your spouse unless you are legally separated or divorced (except in the situation below).
Spouse, if you are a survivor of domestic abuse, domestic violence, or spousal abandonment	Not required	These are limited situations in which you do not have to include your spouse on your application, even if you are still married or not legally separated.
Unmarried domestic partner	Sometimes	You need to include your unmarried domestic partner only if you have a child together or your partner will be claimed as your tax dependent.
Roommate	No	Never include people you live with, unless they are your spouse, tax dependent, or included because of another exception on this chart.

Who is in your household?. OregonHealthCare.gov : Who is in your household? : Blog : State of Oregon. (n.d.). <https://healthcare.oregon.gov/marketplace/blog/pages/who-is-in-your-household.aspx>

Sliding Fee Discount Information

It is the policy of **Sally Kraynik NP LLC** to provide essential services regardless of the patient's ability to pay and offers discounts based on family size and annual income.

Please complete the following information and return to **Sally Kraynik NP LLC** 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		

Do you have health insurance?

- Yes
- No
- I don't know; I will provide relevant information



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.



SALLY KRAYNIK NP LLC BUSINESS OFFICE POLICIES

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: April 29, 2022

POLICY: To make available free or discounted services to those in need.

PURPOSE: All patients seeking health care services at Sally Kraynik NP LLC are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Sally Kraynik NP LLC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Sally Kraynik NP LLC will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Sally Kraynik NP LLC will notify patients of the Sliding Fee Discount Program by:

- An explanation of the Sliding Fee Discount Program and the application form are available on the Sally Kraynik NP LLC website
- Notification of the Sliding Fee Discount Program will be offered to each patient during the visit scheduling and intake process.

2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff, or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for visits (including virtual visits / Patient Portal communication). Information and forms can be obtained from Sally Kraynik NP LLC's website and intake forms sent to new patients.

3. Administration: The Sliding Fee Discount Program procedure will be administered through the Nurse Practitioner or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.

4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient / responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Sally Kraynik NP LLC as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only.

a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, adoption, or choosing and residing together; all such people (including related subfamily members) are considered as members of one family.

b. Income includes: gross wages; salaries; tips; 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.

6. Income verification: Self-declaration of income may be used; patients who are unable to provide written verification may provide a signed statement of income. For written verification, applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 300% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPL Guidelines.

8. Nominal Fee: Patients with incomes above 100% of poverty, but at or below 300% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

9. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Sally Kraynik NP LLC's designated official. Any waiving of charges should be documented in the patient's file along with an explanation. For patients with Medicaid insurance, all out-of-pocket charges are waived.

10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the Sliding Fee Discount Program applicable fee or, the reason for denial. If the application is approved for less than a 100% discount or denied, Sally Kraynik NP LLC will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly.

11. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

12. Refusal to Pay: If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer; however this does NOT apply if the Sliding Fee Discount is used. If a patient verbally expresses an unwillingness to pay or ceases communication with Sally Kraynik NP LLC without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Sally Kraynik NP LLC can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Nurse Practitioner's Office, in an effort to preserve the dignity of those receiving free or discounted care.

a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Sally Kraynik NP LLC's practice management system, noting names of applicants, dates of coverage and applicable fee.

b. The Nurse Practitioner will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

14. Policy and procedure review: The Sliding Fee Discount Program will be updated based on the current Federal Poverty Guidelines. Sally Kraynik NP LLC will also review possible changes in our policy and procedures and examine institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

15. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program

APPROVAL: 04/29/2022

REVISED: 01/14/2025

REVIEWED BY: Sally Kraynik, NP