

DISCOUNT PROGRAM DETAILS – 2017

Northwest Health Services fees are based on a Discount Program. The Discount Program is a program which includes medical, dental, behavioral health and pharmacy services and is made possible through grant funding.

To determine if you and your family qualify for the Discount Program, we need to ask you to bring in personal financial information. Any information we ask you for will be strictly confidential. **None of your personal information, financial or medical, can be released without your written permission.**

The Discount Program is based on total **household size** and **household income**. Discount program applications are effective from **May 1 thru April 30th** of each calendar year. As of May 1st of each calendar year, all discount program applications will expire until a new application is completed and approved.

HOUSEHOLD SIZE:

- Household size includes all people living in your home if you are financially responsible for them.
- Marital status is not a factor when determining household size.
- Household income includes all income for all people that make up your household size.
- If someone shares your home, but is not your financial responsibility, they cannot be counted in your household size.
 - They can apply for the Discount Program based on their income and the number of household members they are financially responsible for.

HOUSEHOLD INCOME:

In addition to income from jobs, also included is alimony, child support, Social Security Income, Pensions, Unemployment, etc. The Discount Program requires proof of all income. When you bring in the required income information, we will photocopy it and return all originals to you. Following is a partial list of acceptable forms of proof of income.

- Prior year's tax return (This is the preferred form of proof of income, if it accurately reflects your current household income.)
- W-2 or 1099 from prior year
- Paycheck stubs
- Letter from employer showing YTD wages and dates of employment
- Letter from Social Security, VA, Employment Office, etc.
- Other proof of income may be accepted and will be determined on an individual basis.

DISCOUNT PROGRAM COPAYS:

Medical and Behavioral Health:

- Patients under 19 years of age, RAISE Clinic and HOME Unit patients (regardless of age) whose household income level is below 100% will not be required to pay a copay.
- All other discount program patients will pay a copay. When your discount program application has been approved, you will be informed of your copay amount.
- Copays must be paid at the time of service.
- Copay will not be required for lab/x-ray performed within 7 days of an office visit.

Dental:

- "Basic" dental care requires a copay similar to the copay for medical office visits.
- Payment for dental "procedures" vary based on the type of procedure.
- If dental procedures are required, the amount you are responsible for will be discussed with you prior to dental services being rendered.

Pharmacy:

- Copays for prescriptions will vary since they are based on "cost".
- All prescriptions must be paid for when they are picked up.

DISCOUNT PROGRAM AND INSURANCE COVERAGE:

The purpose of the discount program is to make sure that the “under insured” as well as the “un-insured” have access to healthcare. If you have health insurance, but also qualify for the Discount Program:

- You will need to bring your insurance card with you to each visit.
- You will need to pay your copay at the time of service.
- NHS will file your claim with the insurance company.
- After your claim has been processed and/or paid, you will be given the discount you are eligible for.
- If you receive an insurance payment, you will need to bring it to the clinic before you will be given a discount for the visit.

HOSPITAL CARE:

If you are an existing NHS patient, are currently eligible for the Discount Program, and are admitted to the hospital by a Northwest Health Services physician the following PHYSICIAN services are eligible for the Discount Program.

- Hospital admission
- Hospital follow up visits
- Hospital discharge

HOSPITAL CARE NOT ELIGIBLE FOR THE DISCOUNT PROGRAM:

- Surgeries and other procedures performed while you are in the hospital.

OTHER SERVICES NOT ELIGIBLE FOR The Discount Program:

- Services related to motor vehicle accident and work comp services
- Lab/x-ray ordered by providers outside NHS
- Elective/cosmetic procedures
 - ✓ Circumcision
 - ✓ Removal of moles/skin tags, etc. for cosmetic reasons
 - ✓ Certain dental procedures
 - ✓ Piercings
 - ✓ Any supply related to contraception
 - ✓ Medical Weight Loss Program (SSHC)
 - ✓ Exam and lab work required for Boxing

Elective Dental Procedures

- ✓ Bridge
- ✓ Temporary Dentures
- ✓ Porcelain Crowns

Administration of Flu Vaccine with Nurse Only Visit

Level A Copay \$10

Level B Copay \$15

Level C Copay \$25

If flu Vaccine is administered at time of an office visit the normal copay amount due will apply.

ADDITIONAL DISCOUNT PROGRAM INFORMATION:

- Patients under 19 years of age must have a Medicaid denial letter to be eligible for the Discount Program.
- If your household income or family size changes throughout the year, it is your responsibility to inform NHS staff at the time of your next appointment.
- Discount Program applications must be completed, signed and approved prior to services being provided.

The Discount Program is not retro-active. Discounts cannot be applied to prior dates of service. Partially completed Discount Program applications cannot be accepted. Discount Program applications without proper proof of income cannot be accepted. Northwest Health Services is pleased to help meet your healthcare needs. We invite you to share this Discount Program information with others. If you have questions about this program, please talk to the staff at any Northwest Health Services clinic or call our Discount Program Specialist at 816-232-1486.

TODAY'S DATE:

Applicant Name:

Guarantor # *(office use only)*

Address:

City, State, Zip:

County:

Date of Birth:

HOUSEHOLD MEMBERS:

Household members must actually live in your household, regardless of marital status, and you must be financially responsible for them. I am financially responsible for (#) _____ household members (include yourself).

(All household member's names and date of birth must be listed on the next page)

DISCOUNT PROGRAM APPLICATION

It is necessary to ask you for personal financial information in order to give you a discount on your medical services. This information will be held in our office in strict confidence. Discount Program applications expire on **April 30** of each calendar year. At that time, we will ask you to again verify your current income and number of household members in order to receive discounts on your medical services.

HOUSEHOLD INCOME:

Household income includes ALL income generated by the household, regardless of marital status. Income may include but is not limited to the following:

<input type="checkbox"/> Alimony	<input type="checkbox"/> Salaries
<input type="checkbox"/> Child Support	<input type="checkbox"/> Self Employment Records
<input type="checkbox"/> Disability	<input type="checkbox"/> Social Security
<input type="checkbox"/> Interest Income	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Pensions	<input type="checkbox"/> Student Pell Grants

Please check all of the above that apply to your household income and provide proof of all income circled above.

My yearly household income is:

\$ _____.

I understand:

- If I have insurance I must show a copy of my current insurance card at each visit and my insurance must be filed and processed/paid before I receive any benefits from the Discount Program.
- If I receive insurance payments I must bring the payment to the office to be applied to my visit before my discount will be given.
- Services not eligible for discount are:
 - Motor Vehicle Accidents
 - Workers Comp
 - Elective procedures and hospital procedures
 - Services received from providers outside of Northwest Health Services.

HOUSEHOLD MEMBERS:

	Name	Relationship	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			

- I have read and understand the information contained in “The Discount Program Details” and agree to abide by these guidelines.
- I understand my information will be kept in strict confidence and that if my income changes I am required to notify NHS on my next visit to the clinic.
- I declare the information I have given is true and give Northwest Health Services (NHS) consent to investigate any information given in this application.
- Based on the number of people in my household and the income information I provided, I understand my copay for each medical visit is \$_____ and this copay must be paid at the time of service.
- I further understand that copays for dental services vary, based on procedure, and the amount due from me will be discussed with me prior to services being rendered.

Applicant Signature:	Date:	
(FOR OFFICE USE ONLY) PAA Signature:	Date:	INCOME LEVEL
Discount Program Specialist Verification/Signature:	Date:	INCOME LEVEL