

<b>FINANCIAL ASSISTANCE FAQs</b>	
<b>HOW DO I QUALIFY?</b>	
A completed sliding fee scale discount application and proof of income are required from the applicant. Applicable patient services will be discounted appropriately once the sliding fee scale discount application is completed and proof of income is received. Documentation can be received via email at <a href="mailto:businessoffice@prairiestarhealth.org">businessoffice@prairiestarhealth.org</a> , mail, or in person. Patients qualifying for the sliding fee program will have 14 calendar days from the date of application to provide proof of income, if they do not provide it at the time of application (dental services however require completed application and proof of income before your appointment, to receive any discount). Once 14 calendar days have elapsed, sliding fee discounts will not be retroactively applied to prior services, except for unique circumstances that will be evaluated on a case-by-case basis. If the applicant reports no income, they may, in lieu of proof of income, submit a non-verifiable income application.	
<b>WHAT IS CONSIDERED INCOME?</b>	
<b>Discount is calculated on gross income before taxes.</b> Employment Wages; Cash Wages and/or Tips; Disability Income; Social Security Income; Unemployment; Worker's Compensation; Child Support; Alimony; Pension; VA Benefits	
<b>WHAT ARE ACCEPTABLE FORMS OF PROOF OF INCOME?</b>	
<ul style="list-style-type: none"> <li>- Income tax return (must be within 12 months); If self-employed, include Schedule C</li> <li>- W-2 (must be within 12 months)</li> <li>- Two most recent pay stubs (must be within 30 days of application)</li> <li>- Two most recent bank statements (to prove income without other sources)</li> <li>- Child support documentation</li> <li>- Annual Social Security benefit form</li> <li>- Cash assistance letter</li> <li>- Any other document proving stated income</li> </ul>	
<b>WHO IS CONSIDERED A HOUSEHOLD MEMBER?</b>	
A family member is defined as anyone receiving more than 50% of their support from the head of household, whether living within the same household or not. Students must produce income proof from family members providing more than 50% of their support and for grants received for attending school.	
<b>HOW LONG DOES THE DISCOUNT LAST?</b>	
Once approved, the discount will remain in effect for one year unless a change in household income or size is reported. Eligibility will be re-evaluated annually. Approximately one month prior to the discount expiration date, the patient will be notified via mail that the application must be renewed and current proof of income will need to be resubmitted. It is the patient's responsibility to re-certify on or before the sliding fee anniversary date.	
If the applicant reports no income and submits a non-verifiable income application, the discount is valid for <b>90 days</b> .	
<b>CAN I STILL QUALIFY FOR A DISCOUNT EVEN IF I HAVE HEALTH INSURANCE?</b>	
Yes! However, we must file the claim with your insurance provider before applying any discount. Once your insurance provider has processed the claim, the discount will be applied to any remaining balance.	
<b>WHERE CAN I USE MY DISCOUNT?</b>	
Sliding fee scale discounts only apply to in scope services provided by PSHC.	
<b>WHEN DO I PAY?</b>	
Minimum payments, also referred to as nominal fees, are due prior to services being rendered. These amounts are based on household income and the services you require. Not all services qualify for discounts. If the minimum payment does not cover the cost of the visit, you will receive a bill for the balance due. Please contact our patient account representatives at 620-663-8484 if you have any questions or would like to set up payment arrangements. We are happy to work with you. If no payments or payment arrangements are made after 90 days, your account may be turned over to an outside collection agency.	
<b>WILL I STILL BE ABLE TO SEE MY PROVIDER IF MY ACCOUNT IS TURNED OVER TO AN OUTSIDE COLLECTION AGENCY?</b>	
Yes. However, <b>in addition to your minimum payment due for that visit</b> , you will be required to either, 1) make a \$75 payment towards your account/collection balance at the time of service for all future appointments until the collection balance has been paid in full, or 2) set up an automatic recurring payment agreement with the Business Office via checking, savings, or debit/credit card.	
<b>EXPLANATION OF LEVELS</b>	
Level 1	Less than 100% Federal Poverty Level
Level 2	101% to 149% Federal Poverty Level
Level 3	150% to 174% Federal Poverty Level
Level 4	175% to 200% Federal Poverty Level
Level 5	Above 200% Federal Poverty Level

If you have additional questions, please contact our business office at 620-802-0667. The signed application, with supporting documentation, may be faxed to 620-802-0037 or dropped off at any reception desk before your appointment.