

DENTAL BILLING INFORMATION SHEET



No one will ever be denied service due to an inability to pay.

SLIDING FEE PROGRAM

- ❖ Eligibility for the Sliding Fee Scale is based on income and family size only and no other factors, such as insurance status or population type, are considered when determining eligibility.
 - Family size is defined as the # of individuals living within a household.
 - Income is defined as money that a household receives on a weekly, monthly or annual basis to be used for daily living expenses.
- ❖ If you would like to apply for a sliding fee you are required to complete the Declaration of Income Form and provide proof of income documenting your combined household income. Proof of income may be any of the following:
 - 1040 forms for the previous calendar year
 - copy of the previous year's W-2 form
 - letter from a current employer stating how much you are paid
 - current pay stub
 - unemployment check stub
 - social security check or proof of another public assistance payment
- ❖ We will need to reassess your income annually to reaffirm eligibility for the Sliding Fee Scale.
- ❖ When evaluating Sliding Fee Scale eligibility, and throughout the process of collecting your information and/or payment, your privacy and confidentiality will be maintained in accordance with HIPAA and PA ACT 148 rules.
- ❖ The Sliding Fee Scale will be evaluated by the Philadelphia FIGHT Board of Directors periodically, but a minimum of once per year, to assure that financial barriers to care are minimized.
 - The Board of Directors reviews the nominal fee on an annual basis to ensure that that fee is nominal from the perspective of the patient.
- ❖ Dental Sliding Fee Scale:
 - For general dental services including cleanings, x-rays, exams, and basic restorative treatment like fillings the Sliding Fee Scale is assessed based on the current Federal Poverty Guidelines (FPL) and a fee is associated with the visit based on the below specifications:
 - Patients whose household income and family size falls at or below 100% of the FPL will have a \$0.00 financial responsibility for any FQHC general dentistry visits.
 - Patients whose household income and family size falls over 100%, up to and including 125% FPL, will have a \$5.00 charge for any FQHC general dentistry visits.
 - Patients whose household income and family size falls over 125%, up to and including 150% FPL, will have a \$10.00 charge for any FQHC general dentistry visits.
 - Patients whose household income and family size falls over 150%, up to and including 175% FPL, will have a \$15.00 charge for any FQHC general dentistry visits.

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- Patients whose household income and family size falls over 175%, up to and including 200% FPL, will have a \$20.00 charge for any FQHC general dentistry visits.
- Patients whose household income and family size falls above 200% will not receive a discount on charges for services rendered on a particular date of service.
- For endodontic (root canal) and rehabilitative dental services (dentures) the Sliding Fee Scale is assessed based on the current Federal Poverty Guidelines (FPL) and a fee is associated with the procedure based on the below specifications:
 - Patients whose household income and family size falls at or below 100% of the FPL will have a 0% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 100% , up to and including 125% FPL, will have a 20% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 125%, up to and including 150% FPL, will have a 25% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 150%, up to and including 175% FPL, will have a 30% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 175%, up to and including 200% FPL, will have a 35% financial responsibility for dental procedures.
 - Patients whose household income and family size falls above 200% FPL will not receive a discount on charges for services rendered on a particular date of service.

CO-PAYS

- ❖ If you have insurance that requires co-pays for office visits you will be asked for the co-pay when you arrive for a visit.
- ❖ If you have been approved for the Sliding Fee Scale, you will be charged the lesser of the Sliding Fee or the insurance co-pay (as allowed by contract).
- ❖ If you cannot afford the co-pay at that time, we will not refuse the service, but the outstanding balance with carry over and you will be reminded of it at subsequent visits.

WORKFLOW- URGENT CARE

- ❖ When you present for Urgent Care, you will be asked for proof of dental or medical insurance.
 - If you have insurance, front desk staff will verify eligibility and scan proof of insurance into your electronic dental chart.
 - If you do not have insurance, either the Practice Manager or a front desk staff person will meet with you privately to discuss income and family size.
- ❖ You should be prepared to provide proof of income wherever possible.
 - If you do not have proof of income with you we will ask you to sign an attestation.

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- This alone will determine eligibility for the Sliding Fee Scale and dictate what fees, if any, are owed.

- ❖ Practice Manager or front desk staff will discuss payment with you at this time.
 - Payment Plans can be arranged if necessary (see section on **Payment Plans** for more details).

WORKFLOW- BASIC, NON-URGENT CARE

- ❖ If you present for a New Patient dental appointment and are not seeking Urgent Care, you will be asked for proof of insurance.
 - If you have insurance, front desk staff will verify eligibility and scan proof of insurance into your electronic dental chart.
 - If you do not have insurance, you will be referred to a Benefit Coordinator.
 - The Benefit Coordinator will call you to ask a couple of screening questions over the phone.
 - If you potentially qualify for benefits, you may be asked to schedule an in-person meeting with the Benefit Coordinator to provide any necessary documentation and sign application paperwork.
 - If it is determined at any point that you are not eligible for benefits, the Benefit Coordinator will notify the dental front desk staff who will contact you to discuss income and determine if you are eligible for the Sliding Fee Scale.
 - If you are eligible for the Sliding Fee Scale and you fall into Slide A, front desk staff will schedule an appointment for you.
 - If you are eligible for the Sliding Fee Scale and fall into Slides B, C, D, E, or F, front desk staff will schedule 2 appointments for you- 1 will be an initial visit with a dentist and 2 will be a subsequent appointment with the Practice Manager for a Financial Consultation.

PAYMENT PLANS

- ❖ If you are ineligible for insurance, underinsured, or fall into Slides B, C, D, E, or F within the Sliding Fee Program, you can meet with the Practice Manager once you have completed your initial visit with the dentist.
- ❖ During the Financial Consultation, the Practice Manager will draft a Payment Plan based on your current financial circumstances and how much you are comfortably able to pay on a monthly basis.
 - To qualify for a Payment Plan, you **must**:
 - Have current and accurate insurance information and proof of income on file.
 - If you are uninsured and it has been more than a year since you met with a Benefits Coordinator or you have never met with a Benefits Coordinator, you will be referred there first.
 - Any pre-authorizations required by your insurance should be submitted before the Financial Consultation takes place.
- ❖ Payment Plans can be established for monthly intervals up to 36 months.
- ❖ You must sign the Payment Plan agreement form, which will be scanned into your chart.

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- ❖ You can always come in for Urgent Care services even while a Payment Plan is being processed, simply follow directions from the **Urgent Care Workflow** above.
- ❖ After the Financial Consultation the Practice Manager or receptionist will schedule you for your next appointment with a dentist.

PRE-AUTHORIZATION

- ❖ Preauthorization may be required for certain procedures under certain insurance plans.
- ❖ After the treatment plan has been drafted, your dentist will initiate the process of submitting a preauthorization on your behalf.
- ❖ Sometimes the insurance company will request additional information in order to process the preauthorization and you may get a letter from the insurance company that say as much, our Billing Department will automatically submit documentation for you.
- ❖ If the preauthorization is denied by the insurance company, our Billing Department will inform the Practice Manager, who will contact you to schedule an appointment for a Financial Consultation if you haven't already had one.