

## CUHCC'S Sliding Fee Discount Program

### **What is CUHCC's Sliding Fee Discount Program?**

CUHCC offers discounted services to patients who do not have health insurance, cannot afford to pay the full fee for services, or have insurance that does not cover certain services. The Sliding Fee Discount Program is available to all patients, regardless of immigration status. Discounts are based on:

- The number of people who live in your home (children, spouse, legal dependents)
- Household income

*The Sliding Fee Discount Program may apply to certain services, treatment, or supplies that are not covered by your insurance and/or if you are uninsured.*

### **How can the program help me?**

CUHCC's Sliding Fee Discount Program reduces the cost of services at CUHCC. The Sliding Fee Discount Program may also be honored for patients that we refer to the University of Minnesota's Dental School. Please talk to our billing representative for more information.

### **Are there other options to pay for my care?**

CUHCC's Patient Services Representatives can help you apply for insurance through MNsure or other programs. If you qualify, these programs may pay for the full cost of your care at CUHCC (some dental services are not covered).

### **How do I apply?**

If you do not have insurance, you can apply for insurance through MNsure and CUHCC's Sliding Fee Discount Program. Patient Service Representatives will help you apply in-person. You will need to provide:

- Proof of your household income (see the backside)
- Names and birthdates of family members
- More information may be required to apply for insurance

*You must provide the proof of income within 14 days to receive discounted services.*

### **How long will I stay on the Sliding Fee Discount Program?**

Enrollment in the Sliding Fee Discount Program is good for one year. After one year, you will need to reapply or update your information. Please inform our Patient Services Department of any changes in your household income and/or insurance coverage.

### **How much will I pay with the Sliding Fee Discount Program?**

The charge for your visit depends on your income and family size, and the type of service you receive. Fees are due at the time of service. The Patient Service Representative will determine your Discount Level A through E. (continued on back)

## CUHCC's Sliding Fee Discount Program Visit Fees

The following fees are due at the time of service.

Discount Level	Visit Charge					Major Dental Visit
	Medical Visit	Lab/ Immunization Visit	Mental Health Visit	Adult Rehabilitative Mental Health Visit	Basic Dental Visit	
A	\$20	\$10	\$20	\$0	\$20	\$40*
B	\$35	\$15	\$35	\$10	\$40	40% of office charges*
C	\$50	\$20	\$50	\$15	\$60	50% of office charges*
D	\$65	\$25	\$65	\$20	\$80	60% of office charges*
E	\$80	\$30	\$80	\$25	\$100	70% of office charges*
F	Full Charge					

*\*Plus 100% of supply cost, if any.*

**If you pay the full amount due at the time of service, you will receive a \$5.00 discount.**

- A Medical Visit includes all face-to-face visits with a doctor or nurse practitioner.
- Telemedicine Qualified Visits will be charged a \$35.00 flat fee.
- A Lab/Immunization Visit includes visits with a nurse or the lab for shots, blood draws, and other tests. You will not be charged a separate lab visit fee if you are seeing a doctor or nurse practitioner.

### What are my payment options?

- We accept cash, checks and major credit cards.
- CUHCC billing can help you if you need to set up a payment plan
- We do not refuse service if you are not able to pay.

### What if I don't have enough money to pay the full amount today?

We can take any amount that you can make and send a bill for the rest. You will still be seen for your appointment.

### Proof of Income

In order to qualify for CUHCC's Sliding Fee Discount Program, you will need to provide information about your family and your income. The proof of income must be returned within 14 days. If you do not provide your proof of income by the due date, you will have to pay full price for services. The Sliding Fee Discount Program begins the date your proof of income is received at the clinic. You need to bring at least one document from the following list.

#### Proof of Income Information

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| <input type="checkbox"/> Paystub from work (for last 30 days)      | <input type="checkbox"/> Disability Income Statement/Stub  |
| <input type="checkbox"/> Most current Tax Return                   | <input type="checkbox"/> Self-Employed Business Income report or Employer Statement (Clinic Form)  |
| <input type="checkbox"/> Most Current Bank Statement               | <input type="checkbox"/> Work Verification Letter from Employer (Clinic Form)                      |
| <input type="checkbox"/> Most Current Retirement Benefit Statement | <input type="checkbox"/> Signed Letter of Support from supporting person (if you report no income) |
| <input type="checkbox"/> Workers Compensation Statement/Stub       |  |
| <input type="checkbox"/> Current Social Security Statement/Stub    |  |

## Where do I bring my income information?

**Drop it off** at CUHCC's front desk

**OR Fax it** to 612-627-4205

**OR Mail to:** Patient Service Department, CUHCC, 2001 Bloomington Ave S, Mpls., MN 55404