



	Policy Title		
	FEES, ELIGIBILITY & BILLING POLICY		
	Control Number	Effective Date	Revision Date
	FM111	March 15, 2007	November 8, 2024
Department	Program	Division	
Fiscal Management	ALL	ALL	
Approved By			
Health Director:	Board Chair:	Supervisor:	
Date:	Date:	Date:	

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Fees

Foundation

Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that all legally required public health services are furnished for all citizens and then providing as many recommended public health services as it can for those citizens with greatest need.

The Scotland County Health Department provides services without regard to religion, race, color, national origin, creed, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, parity, or contraceptive preference.

Fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health Director and approved by the Board of Health and the County Commissioners, and 2) they are not otherwise prohibited by law. Fees are based on the cost of providing the service.

Fee Setting

Health Departments must develop a pricing policy addressing establishment of usual and customary charges, applying income-based discounts, non-sliding fee scale services, third party billing/reconciliation, Medicaid (physician administered drugs, fee for service drugs (340b), managed care, Medicaid as secondary payer). This information may be included in the agency's Fee and Eligibility or other financial policies. (see attachment A Fee Setting Policy)

340b Drugs and Devices

The Scotland County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the Cure MD billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies. When a new shipment arrives the required information will be added to the Google Document "STD_LARC 340B Pricing" by PHN. When a shipment is depleted, the PHN will enter the date the last dose is used so that Fiscal Management will know which shipment the dose was taken from. Once PHN administers the Depo or a LARC is inserted, the Lot #

is documented in the nurses note. Fiscal Management will identify the lot number and date of administration in order to verify cost per unit for billing purposes.

This process is the same for Medicaid and self-pay clients. Charges must still be discounted in accordance with client’s sliding fee scale eligibility.

Non-Sliding Fees

The terminology, “Flat Fees” has been replaced and is now known as Non-Sliding Fees. The Scotland County Health Department provides specific services at a non-discounted rate regardless of federal poverty level outside Child Health, Family Planning, Maternal Health and Communicable Disease programs. These fees will not slide on the sliding fee scale. These fees include, but are not limited to TB skin test for employment or school, non-programmatic pregnancy tests, and purchased vaccine rendered outside of Child Health, Family Planning, Maternal Health and Communicable Disease. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health Director or their designee. Waived fees will be documented in the Electronic Health Record with whom waived the fees and the reason for fees being waived.

Eligibility

Identification

It is considered “best practice” for each person presenting for services to establish identity either with a birth certificate, driver’s license, military I.D., passport, visa, or green card, etc. A local health department may not require a client to present identification that includes a picture of the client for at least immunization, pregnancy prevention, sexually transmitted disease and communicable disease services (Consolidated Agreement, B, 16). However, you may take a photograph of the client, (with their permission) for internal use only.

Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group support only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size.

Examples		Determining Family Size
1	A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.	Family of 1
2	A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians. (Self-supporting students maintaining a separate residence would be a separate economic unit.)	Dependent of the family
3	An individual in an institution.	Separate Economic unit

4	A client who requests “confidential services”, regardless of age.	Family of 1
5	If a Family Planning client presents for a service and is considered to be a minor or is covered by a parent’s medical insurance policy, interview questions may include the following: 1) <i>Ask the client if their parents are aware of their visit?</i> 2) <i>Ask if “both” parents are aware of their visit, since sometimes the mother may be present with the client, however, the father may not be aware of the visit.</i> 3) <i>Ask if you can send a bill to the home, to both parents.</i>	If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit. If both parents are not aware, treat this as a confidential visit and use the income of the individual, counting the individual as a family of 1.

Determining Gross Income

Gross income is the total of all cash income before deductions for income taxes, employee’s social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses.

1. Alimony
2. Bank Statement
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Client Statement
7. Disability
8. Dividends
9. Employment Security Commission
10. Income Tax Return (annual, not quarterly)
11. Letter of Verification from Employer
12. Military Earnings Statement
13. NC Unemployment
14. Pensions
15. Social Security
16. SSI
17. Tips

Exceptions

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low-Income Energy Assistance Act
4. the value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. Veteran’s Disability payments

No client will be refused services when presenting for care based on lack of income documentation. With the exception of Family Planning clients*, each client will be billed

at 100% until proof of income and family size is provided to the agency. The client will have 15 days to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 15 days, then the charge stands at 100% for that visit. This does not apply to non-sliding fee scale services which should be paid in full on the date of service.

*For Family Planning clients, the agency may use information from other Health Department programs to which the agency has legal access in order to verify income, but the agency may not charge clients at 100% simply because the client has not provided proof of income. In cases where the agency has no access to income reported in another program and the client does not provide proof of income, eligibility for discounts must be determined based on the client’s verbal attestation of income. Reasonable attempts to verify income include only asking the client for proof of income at the initial and all subsequent Family Planning visits. Under no circumstance should measures to verify income burden clients from low-income families.

Computation of Income

Income will be based on a twelve (12) month period. If the client is working the day they present for a service, income will be calculated weekly, bi-weekly, monthly or annually, depending on the documentation obtained.

If the client is unemployed the day they present for their service, their “employment only” income will be calculated at zero (0), however the client should be required to provide “their mechanism”, in regard to their paying for food, clothing, shelter, utility bills, etc. Refer to “sources of income” counted and apply all sources, as appropriate. “Regular contributions received from other sources outside of the home” is most often considered one of those sources. If the client is receiving unemployment or other “sources” of income, as designated above, all of those sources should be counted.

	The client’s income will be determined by the following:
Regular Income Formula: (Based on 12 month Period)	Use Gross Income or for self-employed income after business expenses. Weekly = pay x 52 Biweekly = pay x 26 Twice a month = pay x 24
Unemployment or Irregular Income Formula:	
Six months’ formula (Based on 12 month Period)	<ul style="list-style-type: none"> • Unemployed today = last 6 months income + projected unemployment (if applicable) or zero if client won’t receive unemployment. This will give you income for the client for a 12-month period. <ul style="list-style-type: none"> ○ If no unemployment compensation – ask how the client is going to support themselves. • <u>Employed today but unemployed last 6 months</u> – Did the client receive unemployment the last 6 months? In no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12-month period.

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Healthy Mothers Healthy Children (HMHC)/Title V (Well-Child Funding)

Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service if that service is partly or wholly supported by Title V funds. For clients having income above the federal poverty level, the sliding fee scale of the Scotland County Health Department will be used to determine the percent of client participation in the cost of the service.

The guidance regarding Title V funding and sliding Child Health services to zero is as follows:

Any Maternal and Child Health services (even outside of Child Health Clinics) must use a sliding fee scale that slides to “0” at 100% of the Federal Poverty Level per the NC Administrative Code – 10A NCAC 43B.0109 Client and Third-Party Fees.

The NC Administrative Code goes beyond the Title V/351 AA requirements, that all child health services, whether sick or well, no matter where delivered, must be billed on a sliding fee scale that slides to zero.

10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES

- (1) If a local provider imposes any charges on clients for maternal and child health services, such charges:
 - (a) Will be applied according to a public schedule of charges;
 - (b) Will not be imposed on low-income individuals or their families;
 - (c) Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.
- (2) If client fees are charged, providers must make reasonable efforts to collect from third party payors.
- (3) Client and third-party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services nor subject to any variation in services because of an inability to pay.

History Note: Authority G.S. 130A-124; Eff. April 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017

Child Health funds may not be used to supplement Medicaid services, support services or activities supported by other Agreement Addenda, and may not support services and activities that have not been approved by the C&Y Branch.

Title X Requirements Related to Income Collection for Confidential Clients

Title X requires that any client seeking confidential services be considered a family of one and that only their income would be used in assessing their percent pay on the sliding fee scale.

A copy of the Income and Eligibility Statement (Please refer to Attachment B) should be maintained for future reference. The number in the household, annual gross income and percentage of pay should be reflected on the financial documentation. The documentation should be signed and dated by the interviewer and client. Use of electronic signatures is acceptable.

Income must be assessed at every Family Planning Clinic visit, including clients who have Medicaid or Commercial Insurance. Following the initial financial eligibility determination, the client must be asked at each visit if there has been a change in their financial status. Income will always be based on the “actual date” of service. If there has been a change or it is time for their annual review the income determination process should take place.

Client fees are assessed according to the rules and regulations of each program and the recommended Program’s Poverty Level Scale (Sliding Fee Scale) will be used to determine fees. All third-party providers will be billed, without discount, where applicable.

Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients the copay, deductibles, and any fees may not exceed the amount they would have paid for services based on sliding fee scale.

Income information reported during the financial eligibility screening for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client’s self-report. Exception to the rule, effective November 8, 2021, for family planning, if income was not provided and the client was charged at 100% previously, clients will **not** automatically be charged at 100% in family planning.

Child Health/Health Check

Well child exams (Health Check) for eligible children are referred to local pediatrician’s office. Eligible children receive a voucher from the Scotland County Health Department and taken to local pediatrician’s office for services. These services include medical, social, development, nutritional history, lab work, physical exam and immunizations as needed.

Primary Care (Child Health) for sick children are referred to our local pediatrician’s office.

Eligibility: Scotland County resident; birth to 20 years; uninsured or under insured.

Vaccine and Administration (Immunization Program)

The Scotland County Health Department will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccine in accordance to the NCIP Coverage Criteria and Vaccine for Children. Administration fees for the rendering of state supplied vaccine may be billed to Medicaid. State supplied vaccine will be identified with a SL modifier. The appropriate NDC code must also be included.

Clients and Third Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Scotland County Health Department as a non-sliding fee when provided outside of programs.

Eligibility: No residency requirements. Vaccine administration and vaccine provided within Child Health, Family Planning, and Maternal Health program will be subject to the sliding fee scale.

Maternal Health

Prenatal care for eligible pregnant women.

Eligibility: Scotland County resident; 101-250% Sliding Fee Scale is Applied; Presumptive Medicaid, Medicaid or Insurance

Family Planning or Women's Health Services

Clinic designed to assist men and women, including adolescents, with their family planning needs; services include, but are not limited to detailed history, lab work, physical exam, counseling and education given by appropriate provider.

All family planning services must be client centered, culturally and linguistically appropriate, inclusive, and trauma informed.

Eligibility: Men and Women of childbearing age regardless of residency; 101-250% Sliding Fee Scale is Applied; Medicaid, or Insurance

The following shall apply to Family Planning clients:

- (1) Clients may not be coerced to use contraception, or to use any particular method of contraception or service.
- (2) If a client, including adolescents, is seeking confidential services, they will be considered "confidential" and it will be documented on the Financial Eligibility form. Charges to clients seeking confidential services will be based solely on the individual's income.
- (3) The use of NC Debt Setoff is acceptable for collecting past due amounts for Family Planning clients.
- (4) Confidential clients should NOT be referred to Debt Set-off.
- (5) The "Bad Debt Write-Off" method of aging accounts will be strictly followed. The list of bad debts should be approved by the Health Director, prior to submission to the Board of Health. Bad debts will not be written off until the approval of the Board of Health has been acquired. Board of Health minutes will serve as documentation that the write-offs have been approved.
- (6) Bills/receipts will be given to clients at the time of service show total charges, as well as any allowable discounts.
- (7) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third-party agreement.
- (8) Verifying a Family Planning client's income should not burden patients with low incomes or impede access to care. If a Family Planning client's income cannot be verified through access to enrollment in another program within your agency, and

the Family Planning client has not provided proof of income, then you must charge the client based on the client's self-reported income.

- (9) If a Family Planning client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within your agency, then you may charge 100% of the cost of services after informing the client that failure to declare income will result in the client owing 100% of the fee.
- (10) Insured Family Planning clients whose family income is between 101% and 250% of the Federal Poverty Level will pay the lesser of the copay, deductibles and additional fees or the amount they would owe when the sliding fee scale is applied to the total charge for their visit as required by Title X.

Communicable Disease Control

This program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.

Eligibility: No residency requirements. No fees charged to the client for these services as stated in program rules. Medicaid and Insurance can be billed.

Other Services (OS)

Please refer to the Clinical Coverage Policy for Preventive Medicine Annual Health Assessment, 1A-2, and consult with your regional Nurse and Financial Consultant for information regarding changes to OS and PC service approval.

Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered the Scotland County Health Department, with the approval of the Scotland County Board of Health and the Scotland County Commissioners will implement specific fees for services and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client pay. The Scotland County Health Department currently participates with (include currently participating insurance networks). The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Charging for Services

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
2. Persons requesting program services will be encouraged to apply for Medicaid.
3. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.
4. There shall be a consistent applied method of "aging" accounts.

5. No one shall be denied services nor subjected to variation in services based solely on the inability to pay.
6. Clients shall be given a receipt each time a payment is collected
7. Donations shall be accepted, regardless of income status if they are truly voluntary. The client account will not be reduced due to a donation. There shall be no “schedule of donations”, bills for donations, or implied or overt coercion.
8. Provider will use best efforts to continue to provide services to clients at or below 150% of Federal Poverty Level.

Fee Collection

1. Charges in all programs will be determined by a fee scale based on Federal Poverty with the exception of any services deemed as non-sliding fees. (i.e. TB skin test, Non-programmatic pregnancy tests, Adult Health services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client. Staff will be responsible for documentation of financial eligibility on Income & Eligibility Statement (see Attachment B). With the exception of family planning, clients without required verification will be charged at 100% until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (See Attachment D)
4. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health Director or their designee, and each instance of fee waiver shall be documented in agency records and communicated to the client according to protocol.
5. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
6. The Accounts Receivable System will be balanced daily.
7. Emergency services will never be denied.
8. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

Billing Medicaid and Third-Party Insurance

1. Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay/deductible may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign on paper to be scanned or electronically sign a consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client’s medical record.
3. Third party is billed the total amount of the service provided they will not receive the benefit of the sliding fee scale. The charge and any remaining balance with the exception of copayments, is billed to the client based on the sliding fee scale. Copayments are not subject to the sliding fee scale, except that Family Planning clients may not be charged more in copayments and deductibles than they would have been responsible for on the sliding fee scale.
4. Claims are filed electronically using Cure MD.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.

6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)
 - a. If a client has any form of third-party reimbursement, that payer must be billed with the patient's consent, unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
7. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department's supervisor. The billing department will review the corrections and update the charges accordingly. If a client has been charged and have received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless, the client was over charged.

* Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

Overpayments and Refunds

Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.

Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.

Bad Debt Write Off, NC Debt Setoff

1. Bad Debt Write Off

- a. Outstanding accounts having no activity in more than 90 days shall be written off as bad debts, at least annually upon approval of the Scotland County Board of Health and the Scotland County Commissioners.
 - b. Once an account has been written off as a bad debt it should not be reinstated. Only if the client returns to the clinic and wants to make a payment should action be taken to reinstate only the payment amount, post the payment and leave the remaining balance that was initially written off as it stands.
2. NC Debt Setoff
- a. Client accounts fulfilling the requirements of NC Debt Setoff will be submitted to the NC Debt Setoff Program, at least annually. The account balance must be (1.) greater than \$50.00, and (2.) must be 90 days, delinquent before it is eligible for Debt Set Off. After being delinquent for a minimum of 90 days, the client/guarantor will be notified of the process of debt setoff, via letter. The client/guarantor has 30 days to take action via payment or payment plan or the debt will be submitted to NC Debt Setoff.
 - b. Debt Setoff should not be used for Family Planning clients for whom confidentiality may be breached.

Bankruptcy

When legal notification is received from Bankruptcy court, there is no further collection of the outstanding account unless a payment schedule is set up by the Bankruptcy court.

- The client's account is notated/flagged with bankruptcy information, such as the time frame to which the bankruptcy references.
- The account maybe written off if mandated by court.
- The client may volunteer to pay.
- Additional visits to which are not included in the bankruptcy time frame, will be the client's responsibility.

Limiting or Restricting services

- Women's Health: The Title X guidelines do not distinguish between "inability" and "unwillingness" to pay. For Family Planning clients who do not pay, the agency can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan services cannot be denied or restricted.
- In Maternal Health, denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.
- Child Health may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.

No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting-- **“NO MAIL” and every precaution should be taken to ensure bills are “not” sent to clients, requesting “NO MAIL”.**
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests “NO MAIL”.

Definitions

N/A

Adopted Date: March 15, 2007

Reviewed Dates: 11/01/12, 8/27/15, 12/13/16, 11/07/17, 10/01/19, 11/10/22, 9/11/23, 11/8/24

Revised Dates: 10/16/15, 11/18/18, 11/8/24

Scotland County Health Department Fee Setting Policy & Procedure

PURPOSE:

The procedure to which Scotland County Health Department use for setting fees for services.

POLICY:

In accordance with G.S. 130A-39(g), which allows local health departments to implement fees for services rendered, the Scotland County Health Department, with the approval of the county's governing board will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be solely based on the cost to provide the service. Resources that may be used in this process include, Cost Report, Medicaid Reimbursement rates, fees charged by surrounding health departments/service providers and/or DPH LHD worksheet for setting fees.

PROCEDURE:

A developed multi-disciplinary committee of the Scotland County Health Department will meet at least annually, to determine the cost of providing services and discuss the fees for the services provided.

Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees. In order to set fees, the Scotland County Health Department may use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, the cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third Party Insurance rates for services.

Once the fees are reviewed and discussed by the committee, the Health Director will present the fees to the governing board for their review and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule". The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost of supplies.

Name: DOB:	Affix Label Here	Add Health Department address and phone info here
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Income & Eligibility Statement

Circle Correct Answers:	Resident of North Carolina	Yes	No
	Medicaid Eligible	Yes	No
	Insurance	Yes	No
	Self-Pay	Yes	No
	No-Pay	Yes	No

Gross annual income of economic unit:**Total number in household supported by income above:****Sliding Fee Scale Percentage:** %

Gross income is defined as salary, wages, overtime pay, earnings from self-employment, investment income (stocks, bonds, savings account interest, rentals, etc.), public assistance monies, unemployment compensation, alimony and child support payments, military allotments, Social Security benefits, limited Veterans Administration benefits, retirement and pension, Workers Compensation, regular contributions from individuals not living in the household, Supplementary Security Income (SSI) benefits, prize winnings, lawn maintenance as a business and house cleaning as a business.

Economic unit includes persons living in the household, related or non-related, who share their production of income and consumption of goods.

Verification of income is required as noted in the [] Health Dept. () Eligibility & Fee Policy.

Patients who do not provide proof of income at time of registration will be charged 100% of our current fees for services provided, except Family Planning clients. Patients will have 15 calendar days to return to the [] with proof of income in order for the sliding fee scale to apply. If proof of income has not been provided within the 15 calendar day period, charges will remain at the full 100% of our current fees. Patients who prefer not to provide proof of income will be charged 100% of our current fees. Effective November 8, 2021, Family Planning clients may self-report income, and may not be charged at 100% simply because they did not provide proof of income. **Payment is due the day services are rendered.**

Upon penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief, this income statement is true and correct.

- I prefer not to provide [] with proof of income or declaration of income; therefore, I understand that I am fully obligated for payment of fees for services provided at 100% of Scotland County Health Department's standard fees.
- Confidential Contact or Emancipated Minor – considered family of one and based on minor's income only
- Declaration of "no income" - reasonable answers for living expenses provided – all programs.
- Proof of income has been provided as required or attested to for family planning services.
- Proof of income will be provided within 15 calendar days of signature date below. I understand if proof of income is not provided within the 15 calendar day period, charges will remain at 100% of current fees.
- Proof of income has been provided for date of service: [] Within 15 calendar days: Yes No
- I have health insurance but prefer that it not be filed for this visit. I understand that I will be responsible for payment of fees based on income eligibility under the Sliding Fee Scale.

I, the undersigned, verify the above information is true to the best of my knowledge and I understand payment is expected at the time of service for all services rendered.

Signature of Patient/Parent/Authorized Representative

Date

Relationship of Authorized Representative

Signature of Witness

Date

01/2022

Network Participation In Network Third Party Insurances

The Scotland County Health Department is in network and participates with the following Third-Party Insurances.

- Blue Cross Blue Shield of North Carolina (Immunizations Only)
- Cigna
- Medcost
- Ambetter

Participating Governmental Payers

Scotland County Health Department is in network and participates with the following Governmental payers.

- Medicare
- NC Medicaid
 - Including Prepaid Health Plans provided by the following
 - Healthy Blue
 - United Health Care
 - Well Care
 - AmeriHealth Caritas
 - Carolina's Complete

Letter Template

Name: Payment Agreement
Department Payment

Description: Scotland County Health
Agreement (SCHD Form #622)

Scotland County Health Department Payment Agreement

Scotland County Health Department Payment Agreement has a policy that payment is due when you receive services. We know there are times when clients may not have the total amount of money owed. This is a contract between you and Scotland County Health Department. We will set up a payment plan for you, to help you pay your bill in full.

·The account balance is \$

·I agree to pay \$ per week / month until the balance is paid in full. I understand that if I do not comply with this contract that I will be expected to pay the full amount in the future. If insurance is filed, there may be a balance owed, if insurance does not pay or does not pay in full. I will responsible for this balance which may be used on a sliding scale. Services will not be denied for unpaid balances /failure to make payments.

If patient has private insurance and Medicaid - Medicaid will not pay if private insurance has not been first filed and then denied. If SCHD is not in the network with a private insurance, the claim cannot be filed. I understand that I will be responsible for this balance after any applicable sliding fee discount is applied.

Accounts are past due in 90 days. Accounts are delinquent in 120 days. Delinquent accounts will be sent to the NC Department of Revenue for collection thru the NC Debt Setoff Collections Program. Failure to comply with this contract may be provided by the Scotland County Health Department.

As authorized by the North Carolina General Statues, Chapter 105A, the Setoff Debt Collection Act (the 'Act'), Scotland County intends to submit delinquent debt(s) to the North Carolina Department of Revenue for collection by applying the debt against any income tax refund or North Carolina lottery winnings in excess of \$50 that you may be entitled to receive. Additionally, you are further advised that in accordance with the Act, the North Carolina Department of Revenue will add a fee of \$20 to the obligations or accounts submitted/or setoff.

Responsible Party Signature: « Signature »

Date: «Current Date»

Employee's Signature: « Signature »

Date: «Current Date»

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