Wilson Medical Center

SUBJECT: Financial Assistance / Sliding Fee Discount & Charity Care **Section:**	**Policy #: 19**	**Page 1 of 8**
Department: Wilson Medical Center Hospital and Rural Health Clinic: **Independence Family Medicine** **Cherryvale Family Medicine** **Neodesha Family Medicine**	**Effective: 05/2013** **Revised: 07/2017, 08/2020, 09/2021, 6/2022, 10/2024, 02/2026** **Reviewed: 09/2018, 08/2020, 09/2021, 04/2022, 01/2023, 10/2024, 02/2026, 10/2026**	
Reference: NHSC Site Reference Guide / Sliding Fee Discount Program Requirements		
Approved By: Director of Clinic Operations / PFS DIRECTOR / CFO		

Purpose: To establish Wilson Medical Center (WMC) and its Rural Health Clinics financial assistance programs, including the NHSC Sliding Fee Discount Program and WMC Charity Care, for patients who are unable to pay all or part of applicable charges.

Policy: WMC maintains two related but distinct financial assistance pathways. The NHSC Sliding Fee Discount Program is based solely on family size and income. WMC Charity Care may provide additional assistance for medically necessary services or extraordinary financial hardship under the criteria and approval process below. Charity Care criteria will not be used to reduce, delay, or deny eligibility for the NHSC Sliding Fee Discount Program. No patient will be denied access to applicable services because of an inability to pay. Financial assistance does not include bad debt. Confidentiality and individual dignity will be maintained for all applicants.

Scope: For Wilson Medical Center as a Critical Access Hospital, the NHSC Sliding Fee Discount Program applies to primary care services furnished in the Emergency Department and applicable outpatient/ambulatory settings. For WMC Rural Health Clinics, the program applies to eligible clinic services. Other medically necessary hospital services may be considered under WMC Charity Care. Charity Care is separate from the NHSC Sliding Fee Discount Program and does not change NHSC eligibility requirements.

Procedure: WMC's Patient Financial Services (PFS) will coordinate both programs, provide applications, assist patients with the application process, process applications, maintain supporting documentation, and preserve confidentiality.

1. One Financial Assistance Application may be used to screen for both the NHSC Sliding Fee Discount Program and WMC Charity Care. PFS will first determine NHSC Sliding Fee Discount Program eligibility using only family size and gross family income. Any additional Charity Care information will be evaluated separately and will not affect NHSC eligibility.
2. Eligibility for the NHSC Sliding Fee Discount Program will be determined solely by family size and gross family income. Assets, insurance status, citizenship, credit history, payment history, or a requirement to apply for Medicaid or other insurance will not be used to determine NHSC sliding fee eligibility.
3. Family Size means the patient and persons related by birth, marriage, or adoption who reside together and whose income and support are considered together. WMC will apply this definition consistently. Income means gross income before taxes from wages,

salaries, self-employment, Social Security retirement income, unemployment, benefits, and other recurring income available to the family.

4. Under WMC's approved 2026 Sliding Fee Discount Schedule, patients and families with annual income at or below 150% of the current Federal Poverty Guidelines receive a 100% discount for services covered by the program. WMC will not require a minimum payment or copayment as a condition of receiving applicable care.
5. Patients and families with annual income above 150% and at or below 250% of the current Federal Poverty Guidelines receive a partial discount according to the current WMC Sliding Fee Discount Schedule. The schedule is maintained as an attachment to this policy and updated at least annually after HHS publishes new Federal Poverty Guidelines.
6. Patients and families with income above 250% of the Federal Poverty Guidelines are not eligible for a standard discount under WMC's Sliding Fee Discount Schedule but may be considered for WMC Charity Care or other approved financial assistance based on documented financial hardship.
7. WMC shall provide an application to any patient or guarantor who requests assistance. PFS staff will make reasonable efforts to help applicants complete the application.
8. Reasonable income documentation may include recent pay stubs, prior-year tax documentation, benefit statements, employer verification, or other evidence of current income. When standard documentation is unavailable, PFS may accept a signed self-declaration or other reasonable documentation sufficient to determine family size and income.
9. An applicant will not be denied medically necessary applicable services solely because the financial assistance application is incomplete or supporting documentation is unavailable at the time of service.
10. PFS will determine Sliding Fee Discount eligibility according to the approved schedule. Charity Care requests outside the approved sliding fee schedule will be reviewed separately and require approval by the CFO or designee.
11. Approved Sliding Fee Discount eligibility will generally remain effective for 6 months from the date of approval unless the patient reports a material change in family size or income. Charity Care approval may be limited to the account(s) or service period identified in the approval. Patients may reapply at any time if financial circumstances change.
12. WMC will bill available third-party coverage. Any sliding fee discount applied to an insured patient will be limited to eligible patient responsibility and only when permitted by applicable law and payer contract.

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WMC CHARITY CARE PROGRAM

A. Purpose and separation from NHSC: Charity Care is an additional WMC financial assistance option for medically necessary services or extraordinary financial hardship. It is separate from the NHSC Sliding Fee Discount Program. Charity Care criteria will not be used to reduce, delay, or deny eligibility for the NHSC Sliding Fee Discount Program.

B. Services: Charity Care may be considered for medically necessary WMC hospital services and eligible patient-responsibility amounts not otherwise covered by the Sliding Fee Discount Program, subject to applicable law and payer contracts.

C. Charity Care review: After the NHSC Sliding Fee Discount determination is completed, PFS may separately consider documented circumstances such as household income, family size, extraordinary medical expenses, catastrophic financial hardship, or other circumstances that materially affect the patient's ability to pay. Assets will not be requested or considered for purposes of NHSC Sliding Fee Discount eligibility.

D. Approval: Charity Care may provide a partial or full adjustment based on the documented circumstances. Requests outside the standard Sliding Fee Discount Schedule require CFO or designee approval. The approval and basis for the adjustment will be documented in the patient account.

E. No effect on NHSC eligibility: Failure to provide optional Charity Care hardship information will not delay or deny a Sliding Fee Discount determination when family size and income information sufficient for that determination has been provided.

13. WMC will make reasonable efforts to collect amounts due after application of insurance and approved discounts. Collection practices will not create a barrier to applicable care, and inability to pay will not be used to deny access to services covered by this program.
14. WMC will prominently display notice of the program in common patient areas and on its official website, when applicable. The notice will state: "No one will be denied access to services due to inability to pay. A discounted/sliding fee schedule is available based on family size and income."
15. WMC will review this policy periodically and will update the Sliding Fee Discount Schedule annually when new Federal Poverty Guidelines are published.
16. Patients will be notified verbally or in writing of the assistance for which they qualify. Patients who do not qualify will also be notified verbally or in writing.

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2026 SLIDING FEE DISCOUNT SCHEDULE

Based on the 2026 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia.

Family Size	100% FPG	125% FPG	150% FPG	175% FPG	200% FPG
1	$15,960	$19,950	$23,940	$27,930	$31,920
2	$21,640	$27,050	$32,460	$37,870	$43,280
3	$27,320	$34,150	$40,980	$47,810	$54,640
4	$33,000	$41,250	$49,500	$57,750	$66,000
5	$38,680	$48,350	$58,020	$67,690	$77,360
6	$44,360	$55,450	$66,540	$77,630	$88,720
7	$50,040	$62,550	$75,060	$87,570	$100,080
8	$55,720	$69,650	$83,580	$97,510	$111,440
9	$61,400	$76,750	$92,100	$107,450	$122,800
10	$67,080	$83,850	$100,620	$117,390	$134,160
11	$72,760	$90,950	$109,140	$127,330	$145,520
12	$78,440	$98,050	$117,660	$137,270	$156,880
13	$84,120	$105,150	$126,180	$147,210	$168,240
14	$89,800	$112,250	$134,700	$157,150	$179,600

For families larger than 14, add $5,680 per additional person to the 100% guideline and apply the applicable percentage threshold (125% = $7,100; 150% = $8,520; 175% = $9,940; 200% = $11,360; 250% = $14,200 per additional person).

Annual Family Income	Discount	Patient Responsibility
At or below 150% FPG	100%	0%
Above 150% through 175% FPG	75%	25%
Above 175% through 200% FPG	50%	50%
Above 200% through 250% FPG	25%	75%
Above 250% FPG	0% standard discount*	100%*

*Patients above 250% FPG may be considered separately for WMC Charity Care. For insured patients, discounts apply to eligible patients only when permitted by law and payer contract. Available third-party coverage is billed first.

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FINANCIAL ASSISTANCE APPLICATION - SLIDING FEE DISCOUNT & CHARITY CARE

NHSC Sliding Fee Discount eligibility is based only on family size and income. Charity Care, when requested, is reviewed separately and will not affect NHSC eligibility. PFS staff can assist you with this application.

Patient Name	Date of Birth
Responsible Party / Guarantor	Account / MRN (staff use)
Address	City / State / ZIP
Number of People in Family	Total Gross Monthly Family Income
Total Gross Annual Family Income	Income Frequency / Source(s)

Family Members and Income

Family Member	Relationship	Gross Monthly Income	Income Source

Income documentation (check any provided): ☐ Recent pay stubs ☐ Tax documentation ☐ Benefit statement ☐ Employer verification ☐ Self-declaration ☐ Other: _____

Applicant certification: I certify that the information provided is true and complete to the best of my knowledge. I understand that WMC may request reasonable documentation necessary to determine family size and income.

_____ Applicant / Responsible Party Signature	_____ Date
_____ PFS Determination / Reviewer	_____ Date

Staff use only: Family Size: _____ Annual Income: $_____% of FPG: _____Discount Class: _____ Approval Period: _____to _____

This application does not require asset information, citizenship status, a credit check, proof of insurance denial, or an application for Medicaid/CHIP as a condition of NHSC SFDP eligibility.

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FINANCIAL ASSISTANCE AVAILABLE

No one will be denied access to services due to inability to pay.

A discounted/sliding fee schedule is available based on family size and income.

Please ask Registration or Patient Financial Services for an application or assistance.

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CHARITY CARE APPLICATION

Wilson Medical Center

This application is for WMC Charity Care and is separate from the NHSC Sliding Fee Discount Program. NHSC Sliding Fee Discount eligibility is determined only by family size and income. Information requested below for Charity Care will not reduce, delay, or deny NHSC Sliding Fee Discount eligibility.

PATIENT / GUARANTOR INFORMATION

Patient Name: _____ Date of Birth: _____

Guarantor Name (if different): _____

_____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Account/Encounter #: _____

CHARITY CARE REQUEST

Service date(s) or account(s) for which assistance is requested: _____

PFS will separately evaluate eligibility for the NHSC Sliding Fee Discount Program when applicable.
Charity Care review is separate from and does not replace or change NHSC Sliding Fee Discount eligibility.
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FINANCIAL HARDSHIP INFORMATION

Please describe the circumstances that materially affect your ability to pay (for example, extraordinary medical expenses, catastrophic financial hardship, loss of income, or other significant circumstances):

_____

_____

_____

_____

_____

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Optional monthly expense information (complete if it helps explain your hardship):

Housing	$_____	**Utilities**	$_____
Medical/Prescription	$_____	**Insurance**	$_____
Child/Dependent Care	$_____	**Other Essential Expenses**	$_____
Other Medical Debt	$_____	**Other**	$_____

Supporting Documentation

WMC may request reasonable documentation related specifically to the Charity Care hardship being considered, such as medical bills, notices of loss of income, or other documents supporting the circumstances described above. Do not delay a Sliding Fee Discount application while gathering Charity Care documentation.

CERTIFICATION

I certify that the information provided for this Charity Care request is true and complete to the best of my knowledge. I understand WMC may verify information reasonably necessary to evaluate this request.

Applicant/Guarantor Name (print): _____

Signature: _____Date: _____

FOR WMC/PFS USE ONLY	
Sliding Fee determination completed:	☐ Yes ☐ No Discount: _____%
Charity Care decision:	☐ Approved ☐ Partially Approved ☐ Denied
CFO/Designee Approval:	_____Date: _____