Cibola General Hospital **1016 E. Roosevelt Ave.** **Grants, NM 87020** **Phone: 505-287-4446 Fax: 505-287-5309**	**Policy #: 902025**	
Title: Sliding Fee Discount Program		
Policy First Effective Date: 06/01/2019	**Revised:** **0**1/19/2026; 01/09/2026; 10/21/2025; 05/11/2023	**Reviewed:** **0**1/19/2026; **01/09/2025;** **5/11/2023;** **10/21/2025;** **9/1/2019;**

PURPOSE:
To ensure eligible patients receiving services at Cibola Family Health Center (CFHC) are offered free or discounted care based on household income and family size.

Patients of Cibola Family Health Center (CFHC) are assured that they will be served regardless of their ability to pay. No one is refused service because of a lack of financial means to pay. This program is designed to provide free or discounted care at CFHC to those with no means or limited means to pay for their medical services (uninsured or underinsured).

Cibola Family Health Center will offer a Sliding Fee Discount Program to all individuals who meet the eligibility criteria outlined in this policy. Program eligibility will be based on a person's ability to pay. It will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The annual Federal Poverty Guidelines are used to create and update the sliding fee schedule (SFS) annually, determining eligibility.

CFHC will bill third-party payers when coverage exists. Patients remain responsible only for applicable cost-sharing amounts (for example, copayments, deductibles, coinsurance) as determined by the payer. Sliding Fee Discount Program provisions (including nominal fees) will be applied only to the extent permitted by law and payer contract requirements.

PROCEDURE:
The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Cibola Family Health Center will notify patients of the Sliding Fee Discount Program by:
    a. Payment Policy Brochure will be available to all patients at the time of service.
    b. Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
    c. An explanation of our Sliding Fee Discount Program and our application form are available on Cibola Family Health Center's website. (update website)

d. Cibola Family Health Center places notification of Sliding Fee Discount Program in the clinic waiting area. (Sliding Fee Signage)

2. Request for discount: Requests for Sliding Fee Discount Program assistance may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for CFHC clinic visits and CFHC-billed services. Information and forms can be obtained from the Front Desk and the Business Office.

3. Administration: The Sliding Fee Discount Program procedure will be administered through Patient Financial Counseling or its designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.

4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Cibola Family Health Center as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only.
    a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Cibola Family Health Center will also accept non-related household members when calculating family size.
    b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self- declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

Patients who qualify for the Sliding Fee Discount Program will be assigned to an income band based on household income and family size. Patients at or below 100% of the current Federal Poverty Guidelines (FPG) will not be charged a nominal fee for eligible CFHC services. Patients with FPG between 101% and 200% will be charged the nominal fee shown on the Sliding Fee Schedule. Patients with FPG above 200% are not eligible for the Sliding Fee Discount Program. The Sliding Fee Schedule will be updated during the first quarter of each calendar year using the most current Federal Poverty Guidelines.

7. Time-of-Service Payment: For uninsured patients who qualify for the Sliding Fee Discount Program, CFHC may request payment of the nominal fee at the time of service, consistent with the Sliding Fee Schedule. This nominal fee is not an insurance copayment, is not a minimum fee required to receive services, and will not be used to deny or delay care. If the patient is unable to pay the nominal fee at the time of service, the fee may be reduced or waived, and the patient will be offered reasonable payment arrangements as applicable.

8. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the approved Sliding Fee pay class (income band), the applicable nominal fee level, effective dates of approval, and, if applicable, the reason for denial. If the application is approved for a pay class that requires a nominal fee, or if the application is denied, Cibola Family Health Center will work with the patient and/or responsible party to establish payment arrangements.
   Sliding Fee Discount Program approvals may be applied to outstanding eligible patient balances for up to six (6) months prior to the application date and to eligible balances incurred within twelve (12) months after the approval effective date, unless the patient's financial situation changes significantly. The applicant may reapply after the twelve (12) month approval period expires, or sooner if there is a significant change in household income or family size. When the applicant reapplies, the look-back period will be the lesser of six (6) months or the time since expiration of the prior Sliding Fee Discount Program approval.

9. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, patient can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

10. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Patient Financial Counselor office, to preserve the dignity of those receiving free or discounted care

a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Cibola Family Health Center practice management systemnoting names of applicants, dates of coverage, and approved Sliding Fee pay class (income band) and nominal fee tier.
b. The Patient Financial Counselor office will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

11. Policy and procedure review: The SFS will be updated based on the current Federal Poverty Guidelines. Cibola Family Health Center will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

12. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

References

- HRSA, Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program
- HRSA, Site Visit Protocol, Chapter 7: Sliding Fee Discount Program
- HRSA, PIN 2014-02: Sliding Fee Discount Program and Related Billing and Collections Requirements
- NHSC, Site Reference Guide
- OIG, Special Fraud Alert materials related to routine waiver of copayments and deductibles

Related policies

- 902026 Patient Financial Assistance Policy (overall framework)
- 902007 Finance Charity Determination policy (charity eligibility)
- 691031 Patient Financial Assessment Form policy (income verification tool)
- 902028 Patient Payment Plan Policy (payment plans)
- 902026 Patient Financial Assist…
- 902027 Patient Discount Policy (non-CFHC discount structure reference)

ATTACHMENTS:

Sliding Fee Discount Application

CIBOLA FAMILY HEALTH CENTER

Sliding Fee Discount Information:

It is the policy of Cibola General Hospital, Inc. to provide essential services regardless of the patient's ability to pay. Cibola General offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, imaging services, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name			
Street	City	State	Zip
Email		Phone	

Please list all household members, including those under age 18, in the table below.

	Name	Date Of Birth
Self		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Other		

Please provide one of the following with this application to support your annual income: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. A self-declaration of Income may be used.

Please List all Household Income sources in the table below.

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

By signing this form, I am certifying that the family size and income information shown above is correct.

Name (PRINT): _____

Signature: _____ Date_____

OFFICE USE ONLY

Patient Name: _____

Approved Sliding Fee pay class (Income Band):_____ Approved Nominal Fee: $_____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, two most recent pay stubs, or other		

Self-declaration of income may also be used.

National Health Service Corps-approved sites are required to inform patients of the Sliding Fee Discount Program. The following example illustrates language to be posted prominently online and at the physical site. The National Health Service Corps encourages sites to establish multiple methods of informing patients. Sites can obtain more information by accessing the Current National Health Service Corps Sites page on the National Health Service Corps website.

When applicable, sites should translate this notice into the most prevalent languages/dialects spoken by their patients.

Public Notice Signage Example

NOTICE TO PATIENTS:

This practice serves all patients regardless of ability to pay.

Discounts are offered based on family size and income.

For more information, ask at the front desk or visit our website.

Thank you.

AVISO PARA PACIENTES:

Este establecimiento de salud atiende a todos los pacientes independientemente de su capacidad de pago.

Se ofrecen descuentos según el tamaño de la familia y los ingresos.

Para obtener más información, pregunte en la recepción o visite nuestro sitio web.

Gracias.

CIBOLA Family HEALTH CENTER
Cibola General Hospital, Inc.

SLIDING FEE SCHEDULE (Dollars Per Year)

Eligibility is based on household income and family size using the current Federal Poverty Guidelines (FPG). Patients at or below 100% FPG will not be charged a nominal fee for eligible CFHC services. Patients between 101% and 200% FPG will be charged the nominal fee shown in the bottom row of the schedule. Patients above 200% FPG do not qualify for the Sliding Fee Discount Program and are responsible for standard charges and/or applicable insurance cost-sharing. Nominal fees are not insurance copayments and are not a condition of receiving care.

Poverty Level	Less than or equal to 100%	125%	130%	135%	138%	150%	175%	180%	185%	190%	200%	Greater than 200%
Family Size												
1	15,960.00	19,950.00	20,748.00	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00	29,526.00	31,920.00	31,920.00	>31,920.00
2	21,640.00	27,050.00	28,132.00	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00	40,034.00	43,280.00	43,280.00	>43,280.00
3	27,320.00	34,150.00	35,516.00	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00	50,542.00	54,640.00	54,640.00	>54,640.00
4	33,000.00	41,250.00	42,900.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00	61,050.00	66,000.00	66,000.00	>66,000.00
5	38,680.00	48,350.00	50,284.00	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00	71,558.00	77,360.00	77,360.00	>77,360.00
6	44,360.00	55,450.00	57,668.00	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00	82,066.00	88,720.00	88,720.00	>88,720.00
7	50,040.00	62,550.00	65,052.00	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00	92,574.00	100,080.00	100,080.00	>100,080.00
8	55,720.00	69,650.00	72,436.00	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00	103,082.00	111,440.00	111,440.00	>111,440.00
9	61,400.00	76,750.00	79,820.00	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00	113,590.00	122,800.00	122,800.00	>122,800.00
10	67,080.00	83,850.00	87,204.00	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00	124,098.00	134,160.00	134,160.00	>134,160.00
11	72,760.00	90,950.00	94,588.00	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00	134,606.00	145,520.00	145,520.00	>145,520.00
12	78,440.00	98,050.00	101,972.00	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00	145,114.00	156,880.00	156,880.00	>156,880.00
13	84,120.00	105,150.00	109,356.00	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00	155,622.00	168,240.00	168,240.00	>168,240.00
14	89,800.00	112,250.00	116,740.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00	166,130.00	179,600.00	179,600.00	>179,600.00
Nominal Fee	$0	$5	$10	$15	$20	$25	$30	$35	$40	$45	$50	Doesn't Qualify

*Based on the 2026 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.