



# Light of Life

RECOVERY & WELLNESS SERVICES

## Sliding Fee Discount Program (SFDP) Policy

### Purpose

Light of Life Recovery & Wellness Services, LLC is committed to providing accessible behavioral health and wellness services to all individuals regardless of their ability to pay. The purpose of the Sliding Fee Discount Program (SFDP) is to ensure that patients with limited financial resources have access to medically necessary services through a uniform system of reduced fees based on household income and family size.

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

### Policy Statement

Light of Life Recovery & Wellness Services, LLC maintains a Sliding Fee Discount Program in compliance with applicable federal guidelines and organizational policies. Discounts are provided to eligible patients based on current Federal Poverty Guidelines (FPG) and household size.

The Sliding Fee Discount Program applies to eligible services provided directly by the organization.

### Scope

This policy applies to all uninsured, underinsured, and self-pay patients seeking eligible behavioral health and wellness services at Light of Life Recovery & Wellness Services, LLC.

### Eligibility Criteria

Eligibility for the Sliding Fee Discount Program is determined based on:

- Gross annual household income
- Household/family size
- Current Federal Poverty Guidelines (FPG)

Patients may apply for the program at any time before or during treatment services.



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## Eligibility is not based on:

- Race
- Color
- Sex
- Gender identity
- Sexual orientation
- Religion
- National origin
- Disability
- Immigration status
- Insurance status

## Income Verification

Applicants may be required to provide documentation verifying household income and family size. Acceptable forms of documentation may include:

- Recent pay stubs
- Federal income tax returns
- W-2 forms
- Social Security award letters
- Disability income statements
- Unemployment benefit statements
- Pension or retirement statements
- Child support documentation
- Written self-attestation when traditional documentation is unavailable

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The organization reserves the right to request additional supporting documentation when necessary.

## Discount Levels

Discounts are based on percentages of the current Federal Poverty Guidelines.

### Household Income Level Discount Applied

0%–100% FPG	100% Discount (Nominal Fee Only)
101%–125% FPG	80% Discount
126%–150% FPG	60% Discount
151%–175% FPG	40% Discount
176%–200% FPG	20% Discount
Above 200% FPG	No Discount

Patients approved at or below 100% of the Federal Poverty Guidelines may be responsible only for a nominal fee, which may be reduced or waived in cases of financial hardship.

## Nominal Fees

Nominal fees are established at levels intended to avoid creating barriers to care and do not reflect the actual value or cost of services provided.

Nominal fees are not required as a condition for receiving services.

## Application Process

Patients requesting consideration for the Sliding Fee Discount Program must:

1. Complete the Sliding Fee Discount Application
2. Provide required income documentation, when available
3. Submit all requested information to designated office staff

Applications will be reviewed promptly, and patients will be notified of approval status and applicable discount levels.

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## **Eligibility Period**

Approved sliding fee discounts remain effective for twelve (12) months from the date of approval unless:

- Household income changes significantly
- Family size changes
- The patient requests reevaluation

Patients may reapply annually or sooner if financial circumstances change.

## **Medicare, Medicaid, and CHIP**

Patients are not required to apply for Medicaid, Medicare, or CHIP or provide proof of denial before applying for the Sliding Fee Discount Program.

Light of Life Recovery & Wellness Services, LLC accepts assignments for Medicare, Medicaid, and other eligible third-party payers in accordance with applicable regulations.

## **Collection Efforts**

The organization will make reasonable efforts to collect payment from patients and/or third-party payers in accordance with the established fee schedule and applicable discounts.

Inability to pay will not result in denial of medically necessary services.

## **Public Notice**

The following statements shall be prominently displayed in patient areas, intake materials, and on the organization's website:

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

"There is a discounted/sliding fee schedule available based on family size and income."

## **Confidentiality**

All financial information obtained during the Sliding Fee Discount Program application process will remain confidential and maintained in accordance with HIPAA and organizational privacy practices.



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## **Annual Review**

This policy and associated Sliding Fee Schedule shall be reviewed annually and updated as necessary to reflect current Federal Poverty Guidelines and organizational practices.