



2011 Circumcision Sliding Fee Program

FAMILY SIZE	B & C		D		E		Self Pay
1	0	14484	14485	18077	18078	21780	21781
2	0	19564	19565	24419	24420	29420	29421
3	0	24645	24646	30760	30761	37060	37061
4	0	29726	29727	37101	37102	44700	44701
5	0	34806	34807	43442	43443	52340	52341
6	0	39887	39888	49783	49784	59980	59981
7	0	44967	44968	56125	56126	67620	67621
8	0	50048	50049	62466	62467	75260	75261
9	0	55129	55130	68807	68808	82900	82901
10	0	60209	60210	75148	75149	90540	90541
SFS B & SFS C		SFS D		SFS E		SELF PAY	
Total charges \$325 Discount Amount \$175 Patient Balance \$150 <u>Payment Schedule:</u> \$50 per month for 2 months		Total charges \$325 Discount Amount \$175 Patient Balance \$150 <u>Payment Schedule:</u> \$50 per month for 2 months		Total Charges \$325.00 Slide Discount \$162.50 Patient Balance \$162.50 <u>Payment Schedule:</u> \$56.25 per month for 2 months		10% Discount if paid in full on date of visit.	
ABN must be signed by guarantor & \$50 co-pay is required prior to procedure.							

Effective 04/01/2011. Based Upon the Federal Poverty Guidelines published in the *Federal Register* on January 20, 2011.

1. All patients, regardless of income, are subject to a \$50.00 minimal fee for circumcision procedure.
2. For family units with more than 10 members, add \$3820 for each additional member.
3. Eligibility for the Sliding Fee Program will be effective for no more than the following 12 months.

To qualify for the Sliding Fee Discount Program, a sliding fee application must be completed; proof of income, proof of residency, and photo ID are required.

CCHC staff: -Add GZ modifier if ABN was not signed
 -Add GA modifier if ABN was signed