



Sliding Fee Discount Program – Policy & Procedure

EFFECTIVE: April 1, 2021

Updated: 1/5/2026

POLICY:

To make available discount services to those in need.

PURPOSE:

All patients seeking healthcare services at Evolve Mental Wellness, LLC are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Evolve Mental Wellness, LLC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Evolve Mental Wellness, LLC will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

All patients seeking outpatient healthcare services at Evolve Mental Wellness, LLC are assured that they will be served regardless of ability to pay so long as they complete and are found eligible in the application process.

PROCEDURE:

1. Notification: Evolve Mental Wellness, LLC will notify patients of the Sliding Fee Discount Program by posting information on the website, patient waiting area, collection notices, and within the Payment Policy consent forms.
2. Request for discount: Requests may be made by patients, family members, social services staff, or others aware of financial hardship. Discounts apply only to outpatient clinic visits.
3. Administration: The Sliding Fee Discount Program will be administered by the Business Office Manager or designee. Confidentiality and dignity will be maintained.

4. Completion of Application: Patients must complete the application in full and authorize verification of income. False information will result in revocation of discounts.
5. Eligibility: Discounts are based on income and family size only.
6. Income verification: Applicants must provide W-2 or 1099 forms, bank statements, and recent pay stubs. Self-employed applicants must provide income and expense documentation.
7. Discounts: Patients at or below 100% of the Federal Poverty Guidelines receive a full discount. Those between 100% and 200% will pay according to Exhibit A.
8. Nominal Fee: Patients above 100% but below 200% poverty will pay a nominal fee according to the schedule.
9. Waiving of Charges: Charges may be waived in special circumstances with approval from the Business Office Manager.
10. Applicant notification: Applicants will be notified in writing regarding approval, denial, or partial discount.
11. Refusal to Pay: Patients who refuse to pay may be placed on payment plans, have charges waived, or be referred to collections.
12. Record keeping: Sliding Fee determinations will be kept in confidential files and logs maintained by the office manager.
13. Policy review: The sliding fee schedule will be updated annually according to Federal Poverty Guidelines.
14. Budget: Sliding Fee services will be accounted for annually as a deduction from revenue.

Exhibit A**2026 Sliding Flat Fee Scale – Medical**

Family Size	≤100% FPG \$25 Nominal Fee	101–133% FPG Level I (\$40)	134–166% FPG Level II (\$55)	167–200% FPG Level III (\$70)	>200% FPG No Discount
1	\$0 – \$15,960	\$15,960.01 – \$21,226.80	\$21,226.81 – \$26,493.60	\$26,493.61 – \$31,920	\$31,920+
2	\$0 – \$21,640	\$21,640.01 – \$28,781.20	\$28,781.21 – \$35,922.40	\$35,922.41 – \$43,280	\$43,280+
3	\$0 – \$27,320	\$27,320.01 – \$36,335.60	\$36,335.61 – \$45,351.20	\$45,351.21 – \$54,640	\$54,640+
4	\$0 – \$33,000	\$33,000.01 – \$43,890	\$43,890.01 – \$54,780	\$54,780.01 – \$66,000	\$66,000+
5	\$0 – \$38,680	\$38,680.01 – \$51,444.40	\$51,444.41 – \$64,208.80	\$64,208.81 – \$77,360	\$77,360+
6	\$0 – \$44,360	\$44,360.01 – \$58,998.80	\$58,998.81 – \$73,637.60	\$73,637.61 – \$88,720	\$88,720+
7	\$0 – \$50,040	\$50,040.01 – \$66,553.20	\$66,553.21 – \$83,066.40	\$83,066.41 – \$100,080	\$100,080+
8	\$0 – \$55,720	\$55,720.01 – \$74,107.60	\$74,107.61 – \$92,495.20	\$92,495.21 – \$111,440	\$111,440+

Note: For family units with more than 8 members, add \$5,680 for each additional member.