

**DISCOUNTED FEE SCHEDULE FINANCIAL POLICIES
(ASSISTANCE FOR LOW-INCOME/INDIGENT CARE)
(CICP—COLORADO INDIGENT CARE PROGRAM)**

Colorado Springs Pulmonary Consultants, P.C. (CSPC) will provide essential pulmonary clinic services regardless of the patient's ability to pay. A sliding fee schedule is used to calculate a discount off the practice's fee schedule. The discounted fee schedule is updated annually using the federal poverty guidelines issued each spring by the Department of Health & Human Services and is located on the website <http://aspe.hhs.gov/poverty/>.

This discount will apply to all essential pulmonary services received at the CSPC Clinic, but not for those services which must be obtained outside CSPC such as X-Ray, CT Scans, diagnostic studies and laboratory testing, etc.

Patients eligible to participate in the discounted fee schedule must qualify at 200% or below the Federal Poverty Level (FPL) based upon their income and family/ household size. Patients will need to qualify annually and in the event their income situation changes. Patient's eligibility is determined by completion of our eligibility application and providing proof of income from any of the below documents:

- Social Security Disability Income
- Free or Reduced School Lunch Program
- Temporary Assistance for Needy Families
- Three Most Recent Paystubs
- Income Tax Return (most current year)
- Other Public Assistance Programs

2013 FEDERAL PROVERTY GUIDELINES

FAMILY/HOUSHOLD TOTAL PERSONS	100% ANNUAL POVERTY	OFFICE VISIT PAYMENT	200% ANNUAL POVERTY	OFFICE VISIT PAYMENT
1	\$0 - 11,490	\$5.00	\$22,980	\$10.00
2	\$15,510	\$7.00	\$31,020	\$14.00
3	\$19,530	\$9.00	\$39,060	\$18.00
4	\$23,550	\$11.00	\$47,100	\$22.00
5	\$27,750	\$13.00	\$55,500	\$26.00
6	\$31,590	\$15.00	\$63,180	\$30.00
7	\$35,610	\$17.00	\$71,220	\$34.00
8	\$39,630	\$19.00	\$79,260	\$38.00

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COLORADO SPRINGS PULMONARY CONSULTANTS, P.C.
2222 North Nevada Avenue, Suite #4004; Colorado Springs, CO 80907

DISCOUNTED FEE SCHEDULE FINANCIAL POLICIES

Developed 02/25/2013; Approved by CSPC Physician Board of Directors 02/26/2013; Effective: April 1, 2013

Patients that have Medicare, Medicare Advantage, Medicare Secondary Plans, Medicaid, Tricare, other health insurance or high deductible health insurance plans are not eligible for a discounted fee schedule and will be charged according to the practice's contractual agreements with their health insurance plans. CSPC accepts assignment under the Social Security Act for all health services made under Medicare Part A & B & Medical Advantage Plans; accepts assignment from the Colorado State Medicaid Program, CICP Program administered by Penrose-St. Francis Hospital, and Tricare administered by TriWest Veterans' Affairs. Effective: April 2013, administered by United Health Military & Veterans' Services (Tricare).

CICP patients that require CSPC essential pulmonary services in the clinic could be eligible to participate in the discounted fee schedule but must qualify as any other patient would.

A NOTICE FOR PAYMENT OF ESSENTIAL PULMONARY CLINIC SERVICES **(ATTACHMENT A)** will be posted in the CSPC Patient Main Waiting Area and on the practice's website when it is completed in summer 2013.

PATIENT INFORMATION: **(ATTACHMENT B)**

DISCOUNTED FEE SCHEDULE FINANCIAL POLICIES & ELIGIBILITY APPLICATION
PROCESS (ASSISTANCE FOR LOW-INCOME/INDIGENT CARE & CICP)

NOTICE FOR PAYMENT OF ESSENTIAL PULMOMARY CLINIC SERVICES

CSPC will charge persons receiving essential pulmonary clinic services at the usual and customary rate. Essential pulmonary clinic services will be provided at a reduced charge or no charge, to persons unable to pay if eligibility requirements are met. Please see our medical receptionist if you feel you may qualify for a discounted fee for essential pulmonary clinic services. In addition, persons will be charged for services to the extent that payments will be made by a third party authorized or under legal obligation to pay the charges.

Insurance Plans in which CSPC are Participating Providers: Medicare, Medicare Advantage, Medicare Secondary Plans, Medicare Advantage Plans, Railroad Medicare, Secure Horizons, Colorado Medicaid, AARP, Aetna, Anthem, BCBS, CIGNA, Cofinity, Colorado Access Advantage, First Health/Coventry, Humana/Choice Care, Kaiser Permanente, Multiplan, Rocky Mountain Health Plans, Tricare & United Healthcare.

CSPC does not discriminate against any person receiving health services because of their inability to pay for services, or because payment for the health services will be paid under Part A or B of Title XVII (Medicare) or Title XIX (Medicaid) of the Social Security Act.

CSPC accepts assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII (Medicare) of the Act.

CSPC has an agreement with Colorado Access (State Agency) which administers the Colorado Medicaid Plan for medical assistance under Title XIX (Medicaid) of the Social Security Act to provide services to personal entitled to medical assistance under the plan.

Patients that have Medicare, Medicaid, Tricare, other health insurance or high deductible health insurance plans are not eligible to participate in the discounted fee schedule. Medicare patients that do not have a secondary insurance plan, will be charged the remaining allowed amount determined by Medicare. This is normally 20% of the Medicare Fee schedule published annually and adjusted for Colorado geographic practice cost indices.

CICP (Colorado Indigent Care Program): Having CICP DOES NOT AUTOMATICALLY PROVIDE COVERAGE FOR ESSENTIAL PULMONARY CLINIC SERVICES. Persons with CICP may still be eligible to participate in the CSPC discounted fee schedule if eligibility requirements are met. Even though our office is located on the medical campus of Penrose Hospital and our physicians may have seen you in the hospital, the CICP Program does not cover essential pulmonary clinic services. Contact CICP for assistance: (719)776-7490 Penrose, (719) 571-1015 St. Francis for additional information regarding CICP Benefits.



**DISCOUNTED FEE SCHEDULE FINANCIAL POLICIES
(ASSISTANCE FOR LOW-INCOME/INDIGENT CARE &
ELIGIBILITY APPLICATION PROCESS)
(CICP—COLORADO INDIGENT CARE PROGRAM)**

Thank you for choosing **Colorado Springs Pulmonary Consultants, PC, (CSPC)** as one of your specialty healthcare providers. We are committed to your treatment being successful! CSPC will provide essential pulmonary clinic services regardless of the patient's ability to pay. Our Medical Billing Team will work with you to see if you qualify for a discounted fee for essential pulmonary clinic services. In order to provide you with the highest quality service while keeping our billing costs low, we recently made some changes in our collection and billing services.

Please let us know if you have any questions or concerns after you have had an opportunity to review the information.

Please initial next to the category below (Assistance for Low-Income/Indigent Care or CICP), as this will assist us in eliminating any confusion in the future.

_____ **ASSISTANCE FOR LOW-INCOME/INDIGENT CARE)**

A sliding fee schedule is used to calculate a discount off the practice's fee schedule. The discounted fee schedule is updated annually using the federal poverty guidelines issued each spring by the Department of Health & Human Services and is located on the website <http://aspe.hhs.gov/poverty/>.

This discount will apply to all services received at the CSPC Clinic, but not for those services which must be obtained outside CSPC such as x-ray, CT Scans, diagnostic testing and laboratory testing, etc.

Patient's eligible to participate in the discounted fee schedule must qualify at 200% or below the Federal Poverty Level (FPL) based upon their income and family/household size. Patients will need to qualify annually and in the event that their income status changes. Patient's eligibility is determined by completion of our application and providing income proof from any of the following documents:

- Social Security Disability Income
- Free or Reduced School Lunch Program
- Temporary Assistance for Needy Families
- Three Most Recent Paystubs
- Income Tax Return (most current year)
- Other Public Assistance Programs

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ELIGIBILITY APPLICATION PROCESS: Number of persons living in your household: _____

Household Member	Annual Income
Self: _____ Last Name First Name MI DOB: / /	\$ _____ Circle Income Source: Gross wages, tips, social security disability, pension, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and any public aid, other _____
Spouse: _____ Last Name First Name MI DOB: / /	\$ _____ Circle Income Source: Gross wages, tips, social security disability, pension, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and any public aid, other _____
Dependent: _____ Last Name First Name MI DOB: / /	\$ _____ Circle Income Source: Gross wages, tips, social security disability, pension, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and any public aid, other _____
Dependent: _____ Last Name First Name MI DOB: / /	\$ _____ Circle Income Source: Gross wages, tips, social security disability, pension, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and any public aid, other _____
TOTAL	\$ \$

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Developed 02/25/2013; Approved by CSPC Physician Board of Directors 02/26/2013; Effective: April 1, 2013

Note: You must include income for all sources including gross wages, tips, social security disability, pension, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and any public aid.

AT FUTURE APPOINTMENTS: Please inform our medical receptionist if your income status has changed when checking in for your scheduled appointment and please bring appropriate documentation to confirm changes if applicable.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs and other information verifying income will be required before a discount is applied.

X _____ Date: _____/_____/2013
Signature of Patient or Responsible Party

Please indicate your preference of payment:

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

WE ACCEPT ALL MAJOR CREDIT CARDS: VISA, MASTERCARD, DISCOVER, DEBIT CARDS, CHECK CARDS AND CASH.

RETURNED CHECKS: A \$20.00 service charge is assessed for all returned checks.

Thank you for understanding our Financial Policies.

(ASSISTANCE FOR LOW-INCOME/INDIGENT CARE & ELIGIBILITY APPLICATION PROCESS)

Approved or Denied Office Visit Amount: \$_____

Reason for Denial: _____

X _____ Date: _____/_____/2013
Signature of Billing Department Representative

_____ **CICP (Colorado Indigent Care Program):** IS NOT COVERED IN OUR OFFICE PRACTICE IN ANY INSTANCE. Our office is located on the medical campus of Penrose Hospital but is a separate entity from the Penrose Hospital System. Your CICP plan only covers hospital inpatient and hospital outpatient services. Our providers may have seen you in the hospital, your CICP plan does not cover anything outside the hospital system including our hospital follow-up visits in our office. CICP patients that require CSPC essential pulmonary services in the clinic could be eligible to participate in the discounted fee schedule but must qualify as any other patient would. Please contact CICP for assistance: (719)776-7490 Penrose, (719) 571-1015 St. Francis.

YOU MAY BE ELIGIBLE FOR INSURANCE: Please visit "GettingUsCovered & Cover Colorado" www.gettinguscovered.org

USUAL & CUSTOMARY RATES: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for the discounted payment determined by your eligibility.

ACCOUNT BALANCES: Our Medical Billing Team will collect patient account balances immediately upon arriving to the office and for today's appointment. Any balance remaining, must be paid promptly and we are always happy to take your secure payment over the phone. Unpaid balances after 60 days (from date of service) are sent to our collection agency (BC Services).

Please indicate your preference of payment:

_____ Check _____ Cash _____ VISA _____ MasterCard _____ Discover

WE ACCEPT ALL MAJOR CREDIT CARDS: VISA, MASTERCARD, DISCOVER, DEBIT CARDS, CHECK CARDS AND CASH.

RETURNED CHECKS: A \$20.00 service charge is assessed for all returned checks.

AT EACH APPOINTMENT: It is important that each time you have an appointment with us that we confirm status is current with CICP. If you should change income status or obtain other health insurance coverage, please let us know.

Thank you for understanding our Financial Policies.

AUTHORIZE: I have read the Discount Fee Schedule Financial Policy. I understand and accept the CSPC Financial Policies. I certify that I, and/or my dependent(s) have accurately presented the eligibility requirements in good faith and will promptly inform CSPC of any changes in my financial status. I authorize the use of my signature on all insurance submissions for rendered services (applicable for CACP Patients). Colorado Springs Pulmonary Consultants, P.C., may use my health care information and disclose such information to my insurance company(ies) and their agents for the purpose of obtaining payments for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

I authorize Colorado Springs Pulmonary Consultants, PC, and the providers of the practice to deliver medical care to me within the scope of their practice limitation.

X_____ Date:_____/_____/2013
Signature of Patient or Responsible Party