



2015 Circumcision Sliding Fee Program – Schedule of Discounts

FAMILY SIZE	B & C	D	E	Self Pay
1	0 to 15654	15655 to 19538	19539 to 23540	23541
2	0 to 20710	20711 to 26443	26444 to 31860	31861
3	0 to 26720	26721 to 33349	33350 to 40180	40181
4	0 to 31525	31526 to 40255	40256 to 48500	48501
5	0 to 36933	36934 to 47160	47161 to 56820	56821
6	0 to 43318	43319 to 54066	54067 to 65140	65141
7	0 to 48851	48852 to 60971	60972 to 73460	73461
8	0 to 54384	54385 to 67877	67878 to 81780	81780
9	0 to 59916	59917 to 74783	74784 to 90100	90101
10	0 to 65445	65446 to 81688	81689 to 98420	98421
SFS B & SFS C		SFS D	SFS E	SELF PAY
Total charges \$292 Discount Amount \$142 Patient Balance \$150 <u>Payment Schedule:</u> \$50 per month for 2 months		Total charges \$292 Discount Amount \$142 Patient Balance \$150 <u>Payment Schedule:</u> \$50 per month for 2 months	Total Charges \$292 Slide Discount \$142 Patient Balance \$150 <u>Payment Schedule:</u> \$50 per month for 2 months	20% Discount if paid in full on date of visit.
ABN must be signed by guarantor & \$50 co-pay is required prior to procedure.				

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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 \$4160 for each additional member.
3. Eligibility for the Sliding Fee Program will be effective or 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 and photo ID are required.

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