

Buncombe County Department of Health

BILLING GUIDE for FY 2010

Effective July 1, 2009
Amended February, 2010

**Billing and Collection Policies
Program Information
Sliding Fee Scales
Service Fee Schedule**

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Introduction

North Carolina law¹ allows a local health department to charge fees for services as long as:

1. Service fees are based on a plan recommended by the Health Director. This plan is approved by the Board of Health and the County Commissioners.
2. The health department does not provide the service as an agent of the State.
3. And the fees are not against the law in any way.

The State requires health departments to provide certain services, and no one may be denied these services. It is in the best interest of our community for the Department of Health to:

1. First assure that all residents can get all legally required public health services.
2. Then provide as many other recommended and needed health services as possible, within the resources we still have available to use.

The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help cover the full cost of providing recommended and needed health services. As much as possible, we set fee amounts based on the real cost of providing that service (calculated as direct costs plus indirect costs).

The information in the document below is the fee plan for FY10, effective on July 1, 2009. This Billing Guide for FY10 replaces all earlier plans. These fees may change during the year. You may request a list of current fees at any time.

Fees

General Information

The Department of Health charges and collects fees for most of its services.

- All fees are the responsibility of the patient, client or responsible party.
- Cash or major credit card is accepted for payment of all fees. Most fees – but not all – can also be paid by check.
- Full payment is expected at the time of service.
- Clients will be informed of their account status at each visit.
- An itemized receipt will be provided to clients at time of payment.
- Under some conditions, we can arrange a payment plan.

The Department of Health provides some services at no cost to the client. (There may be eligibility requirements.) Some examples are:

- nurse home visits for at-risk pregnant women and newborns
- case management for pregnant women and young children
- WIC nutritional support services
- certain immunizations for children
- health education services
- tuberculosis (TB) screening and treatment support
- sexually transmitted disease (STD) testing and treatment
- contagious disease investigations

¹ North Carolina General Statute 130A-39(g)

We may bill Medicaid, Medicare or insurance for these services. There may be separate fees (for the client or a third-party payer) for medications, supplies, lab services, X-rays and/or other medically related services.

Payment by Third Parties – Medicaid, Medicare and Insurance

- State rules require the Department of Health to bill participating third party payers for services we provide. Current participating providers are:
 - Medicaid
 - Medicare
 - Blue Cross Blue Shield
 - Cigna
 - NC Health Choice
- As a courtesy to clients, we may bill non-participating third party payers for medical services provided. The client is ultimately responsible for any uncovered charges.
- Patients who are insured must present a valid insurance card when they come for their medical appointment.
- Whenever possible, we will determine if a client is eligible for Medicaid.
 - Clients must present all social security numbers and names they have used for employment purposes.
 - Social security number and name will be used *by authorized staff only* for online income verifications.

Payment by Client

- The client pays any co-pay amounts at the time of services.
- The client is responsible for paying charges that are not covered by third-party payers (insurance plans, including Medicaid and Medicare).
- The Department of Health mails a bill each month to clients with any unpaid balance.
- A payment plan can be arranged, when a client shows good cause for needing one.
- Clients with low income may qualify for a reduced fee, based on a **sliding fee scale**:

How does the Sliding Fee Scale work?

- Clients must show proof of income and family size.
- Staff will use this information to determine what percent of fees a client must pay.
See Appendix 1: Guidelines on Determining Eligibility (page18)
- If income cannot be confirmed at the time of screening, or if a client refuses to provide information to verify employment, the charge for all services (except Family Planning) will be at 100% pay.
 - If proof of income is received at a later date, retroactive adjustments are limited to charges within the past 30 days.
 - If a Family Planning patient has no proof of income, any charge will be based on the amount reported.
- If patients report false information, they will no longer be allowed to use the sliding scale, except for Family Planning service fees.
- Eligibility for reduced fees will be re-checked:
 - anytime the patient's income and household size changes; and/or
 - once every 12 months.

When does the Sliding Fee Scale discount NOT apply?

- when client has insurance, but it is not one of our participating plans
- when client has insurance but chooses not to use that coverage
- for co-payments
- for certain service charges, including:
 - **Pharmaceutical charges** for Foreign Travel medications
 - **Environmental Health** services
 - **Immunization** services that use State-supplied vaccine
 - **Refugee** services
 - **Medical Records** copies
 - other services (listed at bottom of BCDH FY10 Fee Schedule)

Account Collections and Bad Debts

Bad Debt

Clients are expected to make payment at the time they receive services. A **bad debt** is a payment amount that is still outstanding 120 days after the last payment or charge activity.

Consequences for Client of Bad Debt

Persons who have bad debt (unless state and federal program rules prohibit restricting or denying services) may be:

- required to pay fees beforehand
 - denied services unless they make a good faith effort to make payment within 90 days
- Exception:** A Medicaid client or any Family Planning client will not be denied services because of an unpaid account balance.

Collection of Debt

The Department of Health may use the following resources to pursue collection of patient accounts:

- billing statements
- past due notices
- collection agencies or credit bureaus
- NC Local Government Debt Setoff Clearinghouse² (deduction from a client's tax refund of money client owes Dept. of Health), administered by the NC Department of Revenue

Failed Collections

The Department of Health reviews accounts each year for bad debt status.

- If no further collection is expected, the Business Officer will decide if there are amounts to be written off for accounting purposes.
- Any payments received for written-off debts are accepted and properly credited.
- At no time will a patient be notified that the account has been written off as a bad debt.
- Debts written off are still subject to Debt Setoff.²

² Ref: N CGS 105A-1 et seq.

Returned Check Policy

If a client's check is returned:

1. The client will be notified.
 - The client is notified by telephone, if possible.
 - If a telephone number is not available, a notice is mailed.
 - The client will be informed of and given a copy of Buncombe County's Returned Check Policy.
2. The client must replace all returned checks with cash, money order, and/or certified check. **We charge an additional \$25.00 fee per returned check.**
3. If a client has two returned checks within a one-year period:
 - He/she will be required to pay for services using cash, money order, and/or certified check for the period of one year.
 - After the one-year period expires, if another returned check occurs, all future bills must be paid with cash, money order, and/or certified check.

Refunds

If a client or other third-party payer has overpaid their charges, the credit balance is either:

- applied to future charges, or
- refunded to the payer within thirty (30) days of discovery or request.

For the Environmental Health refund policy, see the program-specific information, below.

Residency Requirements for Services

Most health services at the Buncombe County Department of Health are available only to persons who are residents of Buncombe County. The State requires that we provide some services regardless of a client's county of residence:

Must be Buncombe County Resident	County Residency NOT Required
<ul style="list-style-type: none"> • Breast & Cervical Cancer Control Program (BCCCP) / Wise Woman • Community Health • Health Promotion • Immunizations ** most adult vaccines (see note at right**) • Prenatal Care • School-Based Health Centers • Social Work • WIC / Nutrition 	<ul style="list-style-type: none"> • Carolina Access Prenatal patients with Medicaid if BCDH is their Carolina Access provider • Communicable Disease Services (such as STDs, TB) • Environmental Health Client does not have to be county resident, but services are provided only within Buncombe County. • Family Planning • ** Immunizations child vaccines required for school attendance, certain adult vaccines (according to state guidelines) • Refugee Health Assessments

Proof of Residency:

- Proof of Buncombe County residency is required for all new patients and at the yearly income assessment review.
- Patients are required to report any change of address.
- Documentation of residency may include:
 - utility receipt,
 - government-issued ID,
 - rent or mortgage statement,
 - Collateral Statement completed by a non-relative.
- Exceptions to documentation may be made for homeless individuals who reside in Buncombe County.
- If an individual moves out of Buncombe County, they have 30 days to obtain another provider. During these 30 days, they may continue to be seen at the Department of Health.

Program-Specific Information: Personal Health Services

Breast and Cervical Cancer Control Program (BCCCP) and Wise Woman Program

Is there a fee? No.

Is there a residency requirement?

Yes. Clients must be residents of Buncombe County.

Other relevant policies? (Detailed below)

- BCCCP/Wise-Woman Program Eligibility Requirements

BCCCP / Wise Woman Program Eligibility Requirements

- A woman must be uninsured to be eligible for BCCCP / Wise Woman.
- And her family unit must have annual gross income at or below 250% of the Federal Poverty Income Level.

Family-Size (# Persons)	250% FPL Income
1	\$ 27,075
2	\$ 36,425
3	\$ 45,775
4	\$ 55,125
For each extra person	Add \$ 9,350

The following persons are counted as part of the family unit, when determining income-based eligibility:

- client
- spouse of client
- all children under 18 years of age, including step-children who live in the home

Community Health

Is there a fee?

- There are no client fees for Community Health services.
- We bill Medicaid, where appropriate.

Is there a residency requirement?

Yes. Clients must be residents of Buncombe County.

Other relevant policies? None

Family Planning

Is there a fee?

Yes, based on income and the service requested.

How is the fee paid?

- Full payment, co-pay or sliding scale percentage is due at time of service.
- BCDH currently participates with Medicaid, Medicare, Blue Cross Blue Shield, Cigna, and NC Health Choice.
- BCDH will bill other third party payers, only as a courtesy.. The client is ultimately responsible for any uncovered charges.

Is there a sliding fee scale?

- Yes. There is a different sliding fee scale for Family Planning. (See Appendix I, page 17, bottom table.) Also, see policy below on Confidential Services.

Is there a residency requirement?

No. Services and sliding fee scale are available regardless of county of residence.

Other relevant policies? (Detailed below)

- Confidential Services

Confidential Services

Teens and others may request confidential family planning services. In determining eligibility for sliding fee scale, these clients will be considered to have a family unit of one person.

Health Promotion

Is there a fee?

We may charge fees for health education and promotion services provided to individuals or groups. Details and policies are specific to the program offered.

Is there a residency requirement?

Yes. Clients must be residents of Buncombe County

Other relevant policies? None

Immunization Services

Is there a fee?

- There **are** fees for almost all **adult** immunizations.
- Many **child** immunizations are given with **no fee**.
- Other child immunizations do have a fee. For some of these child immunizations, a fee is only charged if the child has health insurance.
- Contact our Immunizations clinic for further information.

How is the fee paid?

- For child immunizations only, we bill **all** insurance plans directly. After we receive the insurance payment, we send the client a bill if there is any unpaid balance. If you are not able to pay in full at that time, you can contact our Accounting Office to make a payment plan.
- BCDH currently participates with these insurance programs: Medicaid, Medicare, Blue Cross Blue Shield, Cigna, and NC Health Choice. If you are under one of these plans, we bill them directly for both adult and child immunizations.
- For adults who use some other insurance company or have no insurance at all, the client must pay in full at the time of service.

Is there a sliding fee scale? No

Is there a residency requirement?

No, not for the **childhood** immunizations that are required for school attendance.

Yes, for **most adult** immunizations the client must be a resident of Buncombe County. In accordance with state guidelines, some adult vaccines are provided regardless to county residence. (Contact Immunization Services for further information.)

Other relevant policies? None.

Prenatal

Is there a fee? Yes

How is the fee paid?

- Full payment, co-pay or sliding scale percentage is due at time of service.
- BCDH currently participates with Medicaid, Medicare, Blue Cross Blue Shield, Cigna, and NC Health Choice.
- BCDH will bill other third party payers, only as a courtesy. The client is ultimately responsible for any uncovered charges.

Is there a sliding fee scale? Yes.

Is there a residency requirement?

Yes. Clients must be residents of Buncombe County (unless BCDH is named as client's Carolina Access provider).

Other relevant policies? None

Refugee Health Assessments

Is there a fee?

- The initial Physical Exam visit has **no** charge to clients who qualify for a Refugee Health Assessment.
- Yes, there is a fee if follow-up visits are needed.

How is the fee paid?

Full payment (by cash or credit card ONLY) is due at the time of service.

Is there a sliding fee scale? No

Is there a residency requirement? No

Other relevant policies? NC Division of Public Health Policy

NC Division of Public Health Policy

The state's policy on "Refugee Health Assessments Provided in Health Departments" can be found at:

<http://www.ncdhhs.gov/dma/mp/1d1.pdf>

School-Based Health Centers

Is there a fee? Yes

How is the fee paid?

- Full payment, co-pay or sliding scale percentage is the responsibility of the client or client guardian.
- BCDH currently participates with Medicaid, Medicare, Blue Cross Blue Shield, Cigna, and NC Health Choice.
- BCDH will bill other third party payers, only as a courtesy. The client is ultimately responsible for any uncovered charges.
- Fees will be billed to the family or may be paid by the student at time of service.
- The school-based health centers are not subject to debt set-off or debt collections.

Is there a sliding fee scale? Yes

Is there a residency requirement?

Services are only available to students at Asheville High School, Asheville Middle School, Erwin Middle School, and Randolph Learning Center.

Other relevant policies?

Students must have written parental consent to use the school-based health centers.

Sexually Transmitted Disease (STD) Control

Is there a fee?

- There are no client fees for this service.
- We may bill Medicaid, where appropriate.

Is there a residency requirement? No

Other relevant policies? None

Social Work

Is there a fee?

- There are no client fees for this service.
- We bill Medicaid, where appropriate.

Is there a residency requirement?

Yes. This service is only available to Buncombe County residents.

Other relevant policies? None

Tuberculosis (TB)

Is there a fee?

- **There are client fees** for routine TB skin tests related to clients' employment and for services related to Immigration Clinic.
- **There are no client fees** for TB-control services.

How is the fee paid?

- Full payment, co-pay or sliding scale percentage is the responsibility of the client or client guardian.
- BCDH currently participates with Medicaid, Medicare, Blue Cross Blue Shield, Cigna, and NC Health Choice.
- We may bill Medicaid, as appropriate, for TB-control services.

Is there a sliding fee scale? No

Is there a residency requirement? No.

(We do work collaboratively with the relevant local health department, when services are rendered to an out-of-county resident.)

Other relevant policies? None

WIC / Nutrition

Is there a fee?

- There are no client fees for WIC services.
- There are fees for clinic-based Medical Nutrition Therapy services.

How is the fee paid? (Medical Nutrition Therapy)

- Full payment, co-pay or sliding scale percentage is the responsibility of the client or client guardian.
- BCDH currently participates with Medicaid, Medicare, Blue Cross Blue Shield, Cigna, and NC Health Choice.
- BCDH will bill other third party payers, only as a courtesy.. The client is ultimately responsible for any uncovered charges.

Is there a residency requirement?

Yes. This service is only available to Buncombe County residents.

Other relevant policies? None

Program-Specific Information: Property Owners & Businesses

Environmental Health

Is there a fee? Yes

How is the fee paid? Fees are collected before services are rendered.

Is there a sliding fee scale? No

Is there a residency requirement? No

Other relevant policies? (Detailed below)

- Refund Policy
- Rate Adjustment Policy

Refund Policy

Fee payments are generally non-refundable once a service has been rendered by the agency. Service is considered rendered when:

- an appointment has been made, or
- an Environmental Health Specialist (EHS) has made the initial site visit, or
- an EHS has otherwise substantially delivered the requested service.

Fees cannot be refunded because the applicant no longer wishes to pursue the original project, except under the conditions described below.

General Refund Procedure:

- Program supervisor makes a recommendation to issue a refund.
- Director of Environmental Health must sign and approve all such refunds.
- Director of Environmental Health may approve exceptions to the policies below, when there are unusual or extenuating circumstances.
- Applications not acted upon within 60 days will be considered inactive, until the Department is notified by the applicant. Inactive applications may be refunded upon request, within one year of the application date.
- If the original service has not been rendered, client may request that fee payments be transferred to other services. This transfer must be accomplished within 60 days of the cancellation request for the original service.

Specific Refund Procedures:

Improvement Permits

- May be refunded if the service has not been rendered.
- Refunds for this service are to be the full amount of the original fee.
- Refunds are not to be issued where the EHS determines that the property cannot be used for the intended project. In this case, services are considered rendered regardless of the outcome or the amount of time spent making the determination.

Authorization to Construct

- Fees are collected for two separate services:
 - *Construction Authorization* for the purpose of obtaining a building permit, and
 - *Operations Permit* for the purpose of obtaining final approval.
- Because these are two separate services, applicants may be entitled to a refund for one or both services.
- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- If the applicant has received a service related the Construction Authorization, but does not wish to pursue installing the approved septic system, he/she is entitled to a refund equal to half the original fee. In order to later pursue the project, the remaining balance must be paid. The Operating Permit will be withheld until the full amount has been paid.
- Property that is denied a Construction Authorization will receive a refund equal to half of the original fee.

Authorization to Construct/Existing System Revision

- May be refunded if the service has not been rendered.
- Refunds or transfers will equal the full amount of the original fee.
- No refund will be made when service is rendered and authorization is denied.

Existing System Inspection

- May be refunded or transferred to another service if the original service has not been rendered.
- Refunds or transfers will equal the full amount of the original fee.

Well Permit / Inspection

- May be refunded only if the service has not been rendered.
- Refunds or transfers will equal the full amount of the original fee.

Rate Adjustment Policy

Payment for an application is applicable for 6 months. If initial action on the application is requested more than 6 months from initial payment of the fee, the applicant will be required to pay the difference between the original fee and the current fee before action can proceed. In the event of a reduction in fees the applicant will be refunded the difference between the old fee and any reduced fee amount.

Appendix 1: Sliding Fee Scales

Buncombe County Department of Health – Sliding Fee Scales for FY10

FY 2010 Sliding Fee Scale - All Eligible Services Except Family Planning (Effective 7/1/09 - 6/30/10)

# Persons in Econ. Unit	% of Clinic Fee Charged to Patient, According to Economic Unit Size & Income					
	0% Pay	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	0 - 10,830	10,831 - 13,538	13,539 - 16,245	16,246 - 18,953	18,954 - 21,659	21,660 - Over
2	0 - 14,570	14,571 - 18,213	18,214 - 21,855	21,856 - 25,498	25,499 - 29,139	29,140 - Over
3	0 - 18,310	18,311 - 22,888	22,889 - 27,465	27,466 - 32,043	32,044 - 36,619	36,620 - Over
4	0 - 22,050	22,051 - 27,563	27,564 - 33,075	33,076 - 38,588	38,589 - 44,099	44,100 - Over
5	0 - 25,790	25,791 - 32,238	32,239 - 38,685	38,686 - 45,133	45,134 - 51,579	51,580 - Over
6	0 - 29,530	29,531 - 36,913	36,914 - 44,295	44,296 - 51,678	51,679 - 59,059	59,060 - Over
7	0 - 33,270	33,271 - 41,588	41,589 - 49,905	49,906 - 58,223	58,224 - 66,539	66,540 - Over
8	0 - 37,010	37,011 - 46,263	46,264 - 55,515	55,516 - 64,768	64,769 - 74,019	74,020 - Over
9	0 - 40,750	40,751 - 50,938	50,939 - 61,125	61,126 - 71,313	71,314 - 81,499	81,500 - Over
10	0 - 44,490	44,491 - 55,613	55,614 - 66,735	66,736 - 77,858	77,859 - 88,979	88,980 - Over
11	0 - 48,230	48,231 - 60,288	60,289 - 72,345	72,346 - 84,403	84,404 - 96,459	96,460 - Over
12	0 - 51,970	51,971 - 64,963	64,964 - 77,955	77,956 - 90,948	90,949 - 103,939	103,940 - Over
13	0 - 55,710	55,711 - 69,638	69,639 - 83,565	83,566 - 97,493	97,494 - 111,419	111,420 - Over
14	0 - 59,450	59,451 - 74,313	74,314 - 89,175	89,176 - 104,038	104,039 - 118,899	118,900 - Over
15	0 - 63,190	63,191 - 78,988	78,989 - 94,785	94,786 - 110,583	110,584 - 126,379	126,380 - Over
	≤100% FPL	>100% & ≤125% FPL	>125% & ≤150% FPL	>150% & ≤175% FPL	>175% & <200% FPL	≥200% FPL
FY 2010 - Income as % of Federal Poverty Level						

For Adult Primary Care Patients ONLY:
 \$3.00 Co-Pay for Zero-Percent and Medicaid Patients
 \$0.00 Co-Pay for Homeless Patients (must be verified)

FY 2010 Sliding Fee Scale - Family Planning Services (Effective 7/1/09 - 6/30/10)

# Persons in Econ. Unit	% of Clinic Fee Charged to Patient, According to Economic Unit Size & Income					
	0% Pay	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	0 - 10,830	10,831 - 14,891	14,892 - 18,953	18,954 - 23,014	23,015 - 27,074	27,075 - Over
2	0 - 14,570	14,571 - 20,034	20,035 - 25,498	25,499 - 30,961	30,962 - 36,424	36,425 - Over
3	0 - 18,310	18,311 - 25,176	25,177 - 32,043	32,044 - 38,909	38,910 - 45,774	45,775 - Over
4	0 - 22,050	22,051 - 30,319	30,320 - 38,588	38,589 - 46,856	46,857 - 55,124	55,125 - Over
5	0 - 25,790	25,791 - 35,461	35,462 - 45,133	45,134 - 54,804	54,805 - 64,474	64,475 - Over
6	0 - 29,530	29,531 - 40,604	40,605 - 51,678	51,679 - 62,751	62,752 - 73,824	73,825 - Over
7	0 - 33,270	33,271 - 45,746	45,747 - 58,223	58,224 - 70,699	70,700 - 83,174	83,175 - Over
8	0 - 37,010	37,011 - 50,889	50,890 - 64,768	64,769 - 78,646	78,647 - 92,524	92,525 - Over
9	0 - 40,750	40,751 - 56,031	56,032 - 71,313	71,314 - 86,594	86,595 - 101,874	101,875 - Over
10	0 - 44,490	44,491 - 61,174	61,175 - 77,858	77,859 - 94,541	94,542 - 111,224	111,225 - Over
11	0 - 48,230	48,231 - 66,316	66,317 - 84,403	84,404 - 102,489	102,490 - 120,574	120,575 - Over
12	0 - 51,970	51,971 - 71,459	71,460 - 90,948	90,949 - 110,436	110,437 - 129,924	129,925 - Over
13	0 - 55,710	55,711 - 76,601	76,602 - 97,493	97,494 - 118,384	118,385 - 139,274	139,275 - Over
14	0 - 59,450	59,451 - 81,744	81,745 - 104,038	104,039 - 126,331	126,332 - 148,624	148,625 - Over
15	0 - 63,190	63,191 - 86,886	86,887 - 110,583	110,584 - 134,279	134,280 - 157,974	157,975 - Over
	≤100% FPL	>100% & ≤137.5% FPL	>137.5% & ≤175% FPL	>175% & ≤212.5% FPL	>212.5% & <250% FPL	≥250% FPL
FY 2010 - Income as % of Federal Poverty Level						

Guidelines for Determining Eligibility for Sliding Fee Scale

Which BCDH services offer a Sliding Fee Scale*?

Prenatal and Family Planning

* There may be conditions on when the sliding fee scale applies (see sections above).

How often is a client screened for eligibility?

Eligibility screening is required on all new patients, any time family size and/or income changes occur, or at 12 month intervals.

Who is considered a member of the “family” for determining eligibility?

We review financial information on clients to see if they are eligible for reduced fees on the Department of Health’s Sliding Fee Scale (tables on page 17). We do financial screening:

- on all new patients
- when clients report that family size and/or income has changed
- if it has been **1 year** or more since they were last screened.

Definition of Family Size/Household and Countable Gross Income

1. **Family:** A family of two or more is defined as a group of persons related by birth, marriage, adoption, or a defined dependent relationship, who live together in a household. Persons are considered members of a “family” when their production of income and consumption of goods are related.
 - A client with no income must be considered part of the larger family unit that is providing support to the client.
 - Groups of persons living in the same house with other people may be considered a separate family unit. For example, if two sisters and their children live in the same house and both work and support their own children, they would be considered two separate households.
2. **Dependent Status:** Dependent household members are defined as those persons for whom the head of household:
 - has a legal responsibility to support, or
 - has voluntarily extended support.These relationships are usually defined as legal adoptions and guardianships. Guardianship status must be supported by court documents defining the guardian relationship /responsibility.

Exceptions:

 - A foster child assigned by DSS shall always be considered a family of one.
 - Teens and others requesting confidential Family Planning Services will have their income assessed as a family of one.
3. **Family/Household Income:** Dollar amounts represent gross monthly income, the total cash receipts before taxes, from all sources. This is the total of all household income from each “counted” family member.

Guidelines for Sliding Fee Scale Eligibility (*continued*)

4. **Income Sources:** All income, from full or part time employment, produced by all dependents must be declared as part of the household income. Income sources include:

- salaries and wages
- earnings from self-employment (deduct business expenses, except depreciation)
- interest income
- all investment and rental income
- public assistance
- unemployment benefits
- worker's compensation
- alimony and child support
- military allotments
- Social Security benefits
- VA benefits
- retirement and pension pay
- insurance or annuity plans
- gaming proceeds

and any other income not represented here that contributes to the household consumption of goods. This list is not all-inclusive.

5. **Income Verification:** Many services require income verification before a client can be eligible for a sliding scale discount. Any **one** of the following is acceptable:

- current pay stubs
- signed note from employer that shows client's income before taxes are taken out
- W-2 Forms
- unemployment letter
- award letter from Social Security Office, VA or Railroad Retirement Board
- 1099's received from IRS
- paper from the IRS that shows client did not file taxes
- **Self-employed clients** may bring accounting records or income tax return for the most recent calendar year. (Entire tax return must be provided in order to allow deductions for business expenses.)

Appendix 2: Service Fees

Service Fees are subject to change throughout the year. We are happy to speak with you by phone or in person, to tell you what a service costs and answer questions about our fees.

Medical Records Copy Charges

The Department of Health’s charges for Medical Record copies are within the limits set by North Carolina state law (GS §90-411).

Copying charges are:

- \$.75 per page for up to 25 pages;
- \$.50 per page for pages 26 through 100;
- \$.25 for each page thereafter.

The table at right shows the specific charge from 1 to 150 pages.

For copy requests greater than 150 pages, the charge is \$68.75 plus an additional \$.25 for each page over 150.

#Pgs	Charge
1	\$ 0.75
2	\$ 1.50
3	\$ 2.25
4	\$ 3.00
5	\$ 3.75
6	\$ 4.50
7	\$ 5.25
8	\$ 6.00
9	\$ 6.75
10	\$ 7.50
11	\$ 8.25
12	\$ 9.00
13	\$ 9.75
14	\$ 10.50
15	\$ 11.25
16	\$ 12.00
17	\$ 12.75
18	\$ 13.50
19	\$ 14.25
20	\$ 15.00
21	\$ 15.75
22	\$ 16.50
23	\$ 17.25
24	\$ 18.00
25	\$ 18.75
26	\$ 19.25
27	\$ 19.75
28	\$ 20.25
29	\$ 20.75
30	\$ 21.25
31	\$ 21.75
32	\$ 22.25
33	\$ 22.75
34	\$ 23.25
35	\$ 23.75
36	\$ 24.25
37	\$ 24.75
38	\$ 25.25
39	\$ 25.75
40	\$ 26.25
41	\$ 26.75
42	\$ 27.25
43	\$ 27.75
44	\$ 28.25
45	\$ 28.75
46	\$ 29.25
47	\$ 29.75
48	\$ 30.25
49	\$ 30.75
50	\$ 31.25

#Pgs	Charge
51	\$ 31.75
52	\$ 32.25
53	\$ 32.75
54	\$ 33.25
55	\$ 33.75
56	\$ 34.25
57	\$ 34.75
58	\$ 35.25
59	\$ 35.75
60	\$ 36.25
61	\$ 36.75
62	\$ 37.25
63	\$ 37.75
64	\$ 38.25
65	\$ 38.75
66	\$ 39.25
67	\$ 39.75
68	\$ 40.25
69	\$ 40.75
70	\$ 41.25
71	\$ 41.75
72	\$ 42.25
73	\$ 42.75
74	\$ 43.25
75	\$ 43.75
76	\$ 44.25
77	\$ 44.75
78	\$ 45.25
79	\$ 45.75
80	\$ 46.25
81	\$ 46.75
82	\$ 47.25
83	\$ 47.75
84	\$ 48.25
85	\$ 48.75
86	\$ 49.25
87	\$ 49.75
88	\$ 50.25
89	\$ 50.75
90	\$ 51.25
91	\$ 51.75
92	\$ 52.25
93	\$ 52.75
94	\$ 53.25
95	\$ 53.75
96	\$ 54.25
97	\$ 54.75
98	\$ 55.25
99	\$ 55.75
100	\$ 56.25

#Pgs	Charge
101	\$ 56.50
102	\$ 56.75
103	\$ 57.00
104	\$ 57.25
105	\$ 57.50
106	\$ 57.75
107	\$ 58.00
108	\$ 58.25
109	\$ 58.50
110	\$ 58.75
111	\$ 59.00
112	\$ 59.25
113	\$ 59.50
114	\$ 59.75
115	\$ 60.00
116	\$ 60.25
117	\$ 60.50
118	\$ 60.75
119	\$ 61.00
120	\$ 61.25
121	\$ 61.50
122	\$ 61.75
123	\$ 62.00
124	\$ 62.25
125	\$ 62.50
126	\$ 62.75
127	\$ 63.00
128	\$ 63.25
129	\$ 63.50
130	\$ 63.75
131	\$ 64.00
132	\$ 64.25
133	\$ 64.50
134	\$ 64.75
135	\$ 65.00
136	\$ 65.25
137	\$ 65.50
138	\$ 65.75
139	\$ 66.00
140	\$ 66.25
141	\$ 66.50
142	\$ 66.75
143	\$ 67.00
144	\$ 67.25
145	\$ 67.50
146	\$ 67.75
147	\$ 68.00
148	\$ 68.25
149	\$ 68.50
150	\$ 68.75

Total charge for more than 150 pages = \$68.75 + \$.25 for each additional page