

2016 Ability to Pay Plan (ATP) Based on **MONTHLY** Income

It is the policy of Riverside University Health System (RUHS) to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. The discount will apply to all services received at this clinic, but not for equipment purchased from an outside entity, x-rays, and other such services. Patients must certify and re-certify annually or when their financial situation changes.

Patients must bring required documents for verification of family size and income at their first visit to qualify for the sliding fee discount. If the patient fails to present the information within 5 business days, the patient will be required to pay full charges if not certified within the grace period.

- Documentation Required: most recent year's Federal IRS Form 1040 or a copy of the most recent pay stubs, child support, unemployment benefits, and/or social security benefits. If no pay stubs are available, an applicant's employer must provide a letter indicating current gross income for each pay period.
- Patients declaring no job and/or no income will be required to sign a self-declaration form and will be placed in Category A status for 6 months. Patients who have self-declared will need to verify at each visit that they continue to be unemployed or have no income and must re-sign the self-declaration form. Self-declared patients must provide information about resources available to them for shelter, food, clothing, and other living needs.

RUHS offers patients a sliding fee discount based on their ability to pay. Eligibility is based on individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines (FPG).

- Individuals and families with annual incomes at or below 100 percent of the FPG are charged the nominal fee of \$20.00.

PAYMENT OBLIGATION											
# of Person(s) in Household Unit	Category A Patient Owes: Nominal Fee	Category B Patient Owes: 10% of Billed Charges	Category C Patient Owes: 20% of Billed Charges	Category D Patient Owes: 30% of Billed Charges	Category E Patient Owes: 40% of Billed Charges	Category F Patient Owes: 50% of Billed Charges	Category G Patient Owes: 60% of Billed Charges	Category H Patient Owes: 70% of Billed Charges	Category I Patient Owes: 80% of Billed Charges	Category J Patient Owes: 90% of Billed Charges	Category K Patient Owes: 100% of Billed Charges
MONTHLY Household Income as a % of Poverty Level											
	0%-100%	101-111%	112-122%	123-133%	134-144%	145-155%	156-166%	167-177%	178-188%	189-200%	201% or more
1	From: -	\$991	\$1,100	\$1,209	\$1,318	\$1,427	\$1,536	\$1,644	\$1,753	\$1,862	\$1,981
	To: \$990	\$1,099	\$1,208	\$1,317	\$1,426	\$1,535	\$1,643	\$1,752	\$1,861	\$1,980	\$9,999,999
2	From: -	\$1,336	\$1,483	\$1,630	\$1,777	\$1,923	\$2,070	\$2,217	\$2,364	\$2,511	\$2,671
	To: \$1,335	\$1,482	\$1,629	\$1,776	\$1,922	\$2,069	\$2,216	\$2,363	\$2,510	\$2,670	\$9,999,999
3	From: -	\$1,681	\$1,866	\$2,051	\$2,235	\$2,420	\$2,605	\$2,790	\$2,975	\$3,159	\$3,361
	To: \$1,680	\$1,865	\$2,050	\$2,234	\$2,419	\$2,604	\$2,789	\$2,974	\$3,158	\$3,360	\$9,999,999
4	From: -	\$2,026	\$2,249	\$2,472	\$2,694	\$2,917	\$3,140	\$3,363	\$3,585	\$3,808	\$4,051
	To: \$2,025	\$2,248	\$2,471	\$2,693	\$2,916	\$3,139	\$3,362	\$3,584	\$3,807	\$4,050	\$9,999,999
5	From: -	\$2,371	\$2,632	\$2,892	\$3,153	\$3,414	\$3,675	\$3,935	\$4,196	\$4,457	\$4,741
	To: \$2,370	\$2,631	\$2,891	\$3,152	\$3,413	\$3,674	\$3,934	\$4,195	\$4,456	\$4,740	\$9,999,999
6	From: -	\$2,716	\$3,015	\$3,313	\$3,612	\$3,911	\$4,209	\$4,508	\$4,807	\$5,105	\$5,431
	To: \$2,715	\$3,014	\$3,312	\$3,611	\$3,910	\$4,208	\$4,507	\$4,806	\$5,104	\$5,430	\$9,999,999
7	From: -	\$3,062	\$3,399	\$3,735	\$4,072	\$4,409	\$4,745	\$5,082	\$5,419	\$5,755	\$6,123
	To: \$3,061	\$3,398	\$3,734	\$4,071	\$4,408	\$4,744	\$5,081	\$5,418	\$5,754	\$6,122	\$9,999,999
8	From: -	\$3,409	\$3,783	\$4,158	\$4,533	\$4,908	\$5,283	\$5,657	\$6,032	\$6,407	\$6,816
	To: \$3,408	\$3,782	\$4,157	\$4,532	\$4,907	\$5,282	\$5,656	\$6,031	\$6,406	\$6,815	\$9,999,999
9	From: -	\$3,755	\$4,168	\$4,581	\$4,994	\$5,407	\$5,820	\$6,233	\$6,646	\$7,059	\$7,509
	To: \$3,754	\$4,167	\$4,580	\$4,993	\$5,406	\$5,819	\$6,232	\$6,645	\$7,058	\$7,508	\$9,999,999
10	From: -	\$4,102	\$4,553	\$5,004	\$5,455	\$5,906	\$6,357	\$6,808	\$7,259	\$7,711	\$8,203
	To: \$4,101	\$4,552	\$5,003	\$5,454	\$5,905	\$6,356	\$6,807	\$7,258	\$7,710	\$8,202	\$9,999,999
11	From: -	\$4,449	\$4,938	\$5,427	\$5,916	\$6,405	\$6,895	\$7,384	\$7,873	\$8,362	\$8,896
	To: \$4,448	\$4,937	\$5,426	\$5,915	\$6,404	\$6,894	\$7,383	\$7,872	\$8,361	\$8,895	\$9,999,999
12	From: -	\$4,795	\$5,323	\$5,850	\$6,377	\$6,905	\$7,432	\$7,959	\$8,487	\$9,014	\$9,589
	To: \$4,794	\$5,322	\$5,849	\$6,376	\$6,904	\$7,431	\$7,958	\$8,486	\$9,013	\$9,588	\$9,999,999
13	From: -	\$5,142	\$5,707	\$6,273	\$6,838	\$7,404	\$7,969	\$8,535	\$9,100	\$9,666	\$10,283
	To: \$5,141	\$5,706	\$6,272	\$6,837	\$7,403	\$7,968	\$8,534	\$9,099	\$9,665	\$10,282	\$9,999,999
14	From: -	\$5,489	\$6,092	\$6,696	\$7,299	\$7,903	\$8,507	\$9,110	\$9,714	\$10,318	\$10,976
	To: \$5,488	\$6,091	\$6,695	\$7,298	\$7,902	\$8,506	\$9,109	\$9,713	\$10,317	\$10,975	\$9,999,999
15	From: -	\$5,835	\$6,477	\$7,119	\$7,760	\$8,402	\$9,044	\$9,686	\$10,327	\$10,969	\$11,669
	To: \$5,834	\$6,476	\$7,118	\$7,759	\$8,401	\$9,043	\$9,685	\$10,326	\$10,968	\$11,668	\$9,999,999

Nominal fee of \$20 is due from patient for 0 -100%. If the total charges are less than \$20.00, the patient is obligated for the actual amount charged.