

## Sun Radiology Discount Fee Policy

### Notice to Patients:

This practice services all patients regardless of ability to pay

Discounts for essential services are offered depending upon family size and income

You may apply for a discount at the front desk, receive forms on line, submit via fax or email.

Thank you

### Aviso Para Los Pacientes:

Este centro de salud atenera a todos los paccientes, sin importer su capacidad de pago.

Los descuento por servicios esenciales variaran y son ofrecidos dependiendo del numero de sus familiars y de su sueldo.

Usted podra aplicar para el descuento con la recepcionista en el escritorio del frente de la clinica.

Gracias.

SUN RADIOLOGY APPLICATION FOR DISCOUNTS

It is the policy of Sun Radiology to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. Please complete the following information and return to the front desk, fax or send via email to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at our office, but not those services which are purchased from outside, such as your physicians office, laboratory testing provided at other locations, drugs, etc., Please contact Sun Radiology if you have any questions.

Number of persons living in your household: \_\_\_\_\_

Total household income (complete one column)

Household Member	Household Income (Complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Relatives			
Others			
Total			

NOTE: Include income from all persons in household and income from all sources, Including gross wages, tips, security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the household size and income information shown above is correct. Copies of tax returns, paystubs, and other information verifying income may be required before a discount is approved and will be provided as my be requested.

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Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Patient Name: \_\_\_\_\_

Discount: \_\_\_\_\_

Date of Service \_\_\_\_\_

Approved by: \_\_\_\_\_

## **SUN RADIOLOGY POLICY**

### **Sun Radiology Discount Fee Policy**

#### **Policy**

It is the policy of Sun Radiology Healthcare to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply.

#### **Discount Application Process**

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for AHCCCS, a written denial of coverage by AHCCCS may also be required.

Adolescent patients seeking confidential care are exempt from the application process and services are provided at the nominal rate.

**Schedule of Income Thresholds Based upon 2006 Federal Poverty Guidelines  
Five Discounted/Sliding Fee Pay Classes**

<b>Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty</b>					
<b>Family Unit Size</b>	<b>Minimum Fee</b>	<b>25% pay</b>	<b>50% pay</b>	<b>75% pay</b>	<b>100% pay</b>
<b>Poverty</b>	<b>100%</b>	<b>133%</b>	<b>166%</b>	<b>200%</b>	<b>201%</b>
1	9,800	13,034	16,268	19,600	19,601
2	13,200	17,556	21,912	26,400	26,401
3	16,600	22,078	27,556	33,200	33,201
4	20,000	26,600	33,200	40,000	40,001
5	23,400	31,122	38,844	46,800	46,801
6	26,800	35,644	44,488	53,600	53,601
7	30,200	40,166	50,132	60,400	60,401
8	33,600	44,688	55,776	67,200	67,201
The co-payment for those below 100% poverty is \$_____.					

**Note:**            **The income ceiling for the minimum fee pay class is equal to the federal poverty level. The 2006 federal poverty guideline increases by \$3,400 for each family member**