

Coastside Family Medical Center

Subject: CFMC Discount Program

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Prepared By: vft	Revision:
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The CFM Discount Program is a schedule of fees designed to cover reasonable costs of operations, with a corresponding schedule of discounts. The rate of discount assigned to each family will be determined by a family's size and income based on DHS federal poverty guidelines. The percentage of discount offered by CFMC's program is based on poverty guidelines as follows:

Percent of Poverty:	Discount Rate:	Patient Pays:
Zero to one hundred percent (100%)	80%	\$30.00 Per Visit
One hundred to one hundred twenty-five percent (125%)	65%	\$40.00 Per Visit
One hundred twenty-five to one hundred fifty percent (150%)	35%	\$50.00 Per Visit
One hundred fifty to two hundred percent (200%)	25%	\$60.00 Per Visit

The discount will be based on the range from 0% to 200% of the federal poverty guidelines.

A. REQUIREMENTS

1. Persons who do not have any other health insurance coverage (including Medi-Cal).
2. Applicants who have Pregnancy Related Only\Emergency Medi-Cal and Family Planning will be allowed to apply for the CFMC Discount Program.
3. Confirmation of financial status every (12) months
4. Must show proof of income

B. DEFINITION OF INCOME

Earned income (any of the following documents will be accepted as proof of income preferably in the order listed)

1. Copy of income tax forms filed for the previous year
2. Previous two (1) month's payroll check stubs (gross) for each family member. One week of check stubs may be used if the patient can not produce the needed information.
3. Receipts from self-employment/business after deductions for expenses
4. Letter on company letterhead indicating monthly gross income

Other Income

AFDC, alimony, child support, monthly disability, rental income, social security benefits, spousal support, unemployment, or workers' compensation.

C. EXCLUSIONS

Medical

Laboratory Services

X-Ray

*Specialty Care

Elective Surgical Procedures

*Vasectomy

*Circumcision

*Mole Excision

**Excluding those procedures determined to be detrimental or critical to patient's well being. This decision will be made by two or more providers.

Robert V. Harless, Chief Executive Officer