

BEST LLC  
 FAMILY ASSISTANCE PLAN APPLICATION

NAME OF HEAD OF HOUSEHOLD	
SOCIAL SECURITY NUMBER (OPTIONAL)	

PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE 18

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

ANNUAL HOUSEHOLD INCOME

SOURCE	SELF	SPOUSE	OTHER	TOTAL
GROSS WAGES, SALARIES, TIPS, ETC.				
SOCIAL SECURITY, PENSION, ANNUITY, AND VETERAN'S BENEFITS				
OTHER:				

Source	Self	Spouse	Other	Total
Alimony, child support, military family allotments				
Income from business self-employment, and dependents				
Rent, interest, dividend, and other income				
<b>TOTAL INCOME</b>				

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Dependent Children under age 18			
Total			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veterans' payments, net business or self-employment, alimony, child support, military, unemployment, and public aid.

I certify that the family household size and income information shown above is correct.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date:

Date \_\_\_\_\_

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Office Use Only

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

Discount

\_\_\_\_\_

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

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

**BEST LLC  
HEALTHCARE DISCOUNT FEE POLICY**

**DISCOUNT APPLICATION PROCESS/POLICY**

A completed application including required documentation of the household income, and family size, must be on file and approved by the billing office before a discount will be granted.

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

BEST LLC offers a Sliding Fee Discount Program to all who are unable to pay for their services. BEST LLC Services will not base program eligibility on a person's ability to pay; whether payment for services are made under Medicare, Medicaid, or CHIP; and the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

**SERVICES COVERED AND EXCLUDED**

**BEST LLC DISCOUNTED/SLIDING FEE APPLICATION**

It is the policy of BEST LLC, to provide services regardless of the patient's ability to pay. Discounts are offered based upon family income and household size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

**Services Covered and Excluded**

The discount will apply to all services received at this facility, but not those services which are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist or other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. Approved applicants will need to complete a SFS application and re-apply for the sliding fee discount every 6 months. Please inquire at the front desk if you have questions.

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

I certify that the family size and household income information shown above is correct.

Name (print) \_\_\_\_\_

Date

\_\_\_\_\_

Signature \_\_\_\_\_

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Verification Checklist (attach copies)	YES X	NO X
Identification/Address: Driver's license, utility bill, employment ID (optional)		
Income: Prior year tax return, three most recent pay stubs, or other		

# BEST, LLC

## SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0 percent discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,060	\$16,566	\$18,072	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$28,614	\$30,120	>\$30,120
2	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880	>\$40,880
3	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640	>\$51,640
4	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400	>\$62,400
5	\$36,580	\$40,238	\$43,896	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160	>\$73,160
6	\$41,960	\$46,156	\$50,352	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$79,724	\$83,920	>\$83,920
7	\$47,340	\$52,074	\$56,808	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$89,946	\$94,680	>\$94,680
8	\$52,720	\$57,992	\$63,264	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440	>\$105,440
For each additional person, add	\$5,380	\$5,918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$10,222	\$10,760	>\$10,760