

P.A.L.S. for Healing

NON-PROFIT TRAUMA INFORMED COUNSELING

Paper. Art Therapy. Letting Go. Self Actualization.

Our Mission | To provide education, art therapy, Eye Movement Desensitization & Reprocessing (EMDR) and other trauma-informed therapies to those after trauma and/or loss to positively impact their overall health.

NOTICE TO PATIENTS:

P.A.L.S. for Healing serves all patients regardless of ability to pay. Discounts for counseling services, support groups, and workshops are offered based on family size and income.

For more information,
please discuss with your counselor or group leader.
Thank you.

AVISO PARA PACIENTES:

P.A.L.S. for Healing atiende a todos los pacientes independientemente de su capacidad de pago. Se ofrecen descuentos para servicios de asesoramiento, grupos de apoyo y talleres según el tamaño y los ingresos de la familia.

Para más información, por favor hable con su consejero o líder de grupo.
Gracias.

(330) 518-8334 | palsforhealing.org

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SLIDING FEE DISCOUNT PROGRAM POLICY

P.A.L.S. for Healing

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: September 1, 2023

POLICY: To make free or discounted services available to those in need.

PURPOSE: All patients seeking health care services at P.A.L.S. for Healing are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

P.A.L.S. for Healing will offer a Sliding Fee Discount Program to all who are unable to pay for their services. P.A.L.S. for Healing will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, ability to pay, or whether payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: P.A.L.S. for Healing will notify patients of the Sliding Fee Discount Program by:
 - Payment Policy Brochure will be available to all patients at the time of service.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
 - Sliding Fee Discount Program application will be included with collection notices sent out by P.A.L.S. for Healing.
 - An explanation of our Sliding Fee Discount Program and our application form are available on P.A.L.S. for Healing's website.
 - P.A.L.S. for Healing places notification of Sliding Fee Discount Program in the clinic waiting area.
2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the front desk and the business office.
3. Administration: The Sliding Fee Discount Program procedure will be administered through the billing department. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to P.A.L.S. FOR HEALING as disclosed on the application form.
5. Eligibility: Discounts will be based on income and family size only. **We do not require patients to apply to Medicaid/health insurance or do asset testing to qualify for the sliding fee discount program.**
 - Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. P.A.L.S. for Healing will also accept non-related household members when calculating family size.
 - Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor

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benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

7. Discounts: Those with incomes at or below 100 percent of poverty will receive a full 100 percent discount for health care services. Those with incomes above 100 percent of poverty, but at or below 200 percent of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Line Guidelines.

8. Nominal Fee: Patients with incomes above 100 percent of poverty, but at or below 200 percent poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care, and thus is not a minimum fee or co-payment.

9. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by P.A.L.S. for Healing's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.

10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100 percent discount or denied, P.A.L.S. for Healing will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

11. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, P.A.L.S. for Healing can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

12. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the office of the business manager, in an effort to preserve the dignity of those receiving free or discounted care.

- Applicants that have been approved for the Sliding Fee Discount Program will be logged in P.A.L.S. for Healing's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
- The business office manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

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13. Policy and procedure review: The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. P.A.L.S. for Healing will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

14. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

- **_2024 Sliding Fee Schedule**
- **_Patient Application for the Sliding Fee Discount Program**

APPROVAL _____

REVISED _____

REVIEWED BY _____

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SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

P.A.L.S. for Healing Scholarship (Sliding Fee Discount) Application

It is the policy of P.A.L.S. for Healing to provide essential mental health services regardless of the patient's ability to pay. P.A.L.S. for Healing offers discounts based on family size and annual income. Thank you for your interest in having one of our counselors provide hope and healing to you and/or your family. Applications are reviewed bi-weekly, effective the date of submission, and the application representative will receive an answer no later than at the end of the corresponding month.

Please complete the following information and return it to your counselor to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this location, but not those services or equipment purchased outside including laboratory testing, medications, and other such services. You must complete this form every 12 months or if your financial situation changes.

PATIENT FIRST AND LAST NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: (_____) _____ - _____ EMAIL: _____

Please list all household members, including those under age 18:

	NAME	DATE OF BIRTH	RELATIONSHIP
SELF			
HOUSEHOLD MEMBER			
HOUSEHOLD MEMBER			
HOUSEHOLD MEMBER			
HOUSEHOLD MEMBER			
HOUSEHOLD MEMBER			

Support Options

- We would like to be considered for partial scholarship and agree to pay \$_____ of the fee.
- We would like to be considered for a full scholarship.

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SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Income from business and self-employment	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, veteran's payments, survivor benefits, pension, or retirement income	<input type="checkbox"/>	<input type="checkbox"/>	
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL INCOME			

HARDSHIP LETTER

Please use the space below or attach a brief letter (no more than 1 page please) identifying your school/organization's need for the group sessions. The letter should also state your special circumstances AND financial hardship which are hindering your school/organization from being able to pay for your sessions. Please attach any supporting documents you would like considered with your application.

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

FIRST AND LAST NAME (PRINT): _____

SIGNATURE: _____

DATE: _____ RELATIONSHIP TO PATIENT: SELF CAREGIVER SPOUSE

_____ OFFICE USE ONLY _____

APPROVED DISCOUNT: _____ APPROVED BY: _____ DATE APPROVED: _____

VERIFICATION:

Identification/Address: Driver's license, utility bill, employment identification, or other: YES / NO

Income: Prior year tax return, three most recent pay stubs, or other (Self-declaration of income may be used): YES / NO

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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	\$24,484	\$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

* Based on the 2024 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

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