



COUNTY BOARD OF HEALTH 2025 GUIDELINES FOR APPLYING SLIDING SCALE FEES IN FAMILY PLANNING SERVICES

PURPOSE

To ensure consistent, equitable access to contraceptive methods and reproductive health services for women in need – defined as those with household incomes at or below 200% of the Federal Poverty Level – regardless of insurance status. This is achieved through the application of a structured sliding scale fee system designed to minimize financial barriers to care.

SUBJECTIVE

1. Patient is seeking contraceptive and/or reproductive health services.
2. Patient reports household income at or below 200% of the Federal Poverty Level.
3. Patient states that she either does not have insurance or declines to use her insurance coverage.

Note: Patients with insurance who are not considered underinsured will be responsible for 100% of the charge for the Pap test.

Underinsured refers to patients who:

- Have health insurance with a high deductible they cannot afford, or
 - Have health insurance that is not accepted by local providers and/or screening or medical facilities
4. Reason for declining insurance (if shared): May include privacy concerns such as parental or spousal notification.
 5. Patient completes and signs the Self-Declaration of Income Form, providing:
 - Monthly or annual household income
 - Number of individuals in the household
 - Attestation that the information is accurate to the best of her knowledge

OBJECTIVE

1. No documentation is required for income verification (self-declared).
2. Completed and signed Self-Declaration of Income Form is collected and filed.
3. Clinical note and/or intake form includes documentation that patient declined to use insurance.
4. Household size, reported income, and sliding scale percentage applied are recorded in patient's chart.
5. **If the patient is 18 years of age or younger and not using insurance, apply the adjustment code 817 - FP TEEN ADJUSTMENT to reduce the cost to \$0 for the visit, medications, and method.**

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- Charges are based on the clinic's standard rates, with sliding scale applied as follows:

(Exception: If the patient is 18 years of age or younger and not using insurance, apply the adjustment code 817 - FP TEEN ADJUSTMENT to reduce the cost to \$0 for the visit, medications, and method.)

% of Federal Poverty Level (FPL)	Patient Responsibility
0 – 50%	20% of full charge
51 – 75%	40% of full charge
76 – 100%	60% of full charge
101 – 150%	80% of full charge
151 – 200%	100% of full charge

ASSESSMENT

- Patient qualifies for the sliding scale based on self-declared income and household size.
- Patient has either no insurance or declined to use insurance.
- Sliding scale fee has been applied appropriately and documented.

PLAN

- Apply appropriate sliding scale percentage to charges based on income/FPL range.
- Respect patient's right to decline insurance use; do not delay care or question self-declaration.
- Maintain confidentiality in accordance with HIPAA.
- File Self-Declaration of Income Form in patient's chart.
- Ensure staff have completed annual review of the sliding scale guideline and documented it on the Health Department Guidelines for Staff Annual Training Form.
- If a patient is unwilling or unable to complete the self-declaration form, notify the County Nurse Manager for awareness. **Services should never be delayed due to inability to pay or refusal to provide income information.**