



LIFE MANAGEMENT ASSOCIATES, LLC

2021 SLIDING FEE DISCOUNT PROGRAM APPLICATION

Life Management Associates, LLC is committed to providing affordable and quality services to our community. Our Sliding Fee Discount Program (SFDP) is designed to provide no cost or discounted cost to those who have lesser means to pay for their mental health and chemical dependency treatment. The SFDP is available to all individuals and families with annual income at or below 200 percent of the most current Federal Poverty Guidelines. Participation in this program is solely determined by a patient's family size and income.

Eligibility for the program is determined by documented annual income and family/household size only. If approved, the date the application and required documentation was initially submitted will be considered the start date for the sliding fee discounts. Please note that all required income documents must be received within 14-days from the date that this application was submitted. If the necessary documentation is not provided within 14-days, the application approval date will be re-dated to the date on which the required information is received. Any fees incurred prior to the application being approved will not be covered under the SFDP.

If at any time during this application process you need assistance, please feel free to contact our Patient Account Representative or Receptionist at Life Management Associates, LLC.

APPLICATION STATUS: ☐ New Application ☐ Change in Income ☐ Renewal

PATIENT INFORMATION:

_____/_____/_____
First MI Last Date of Birth
_____-_____-_____
Primary Phone # Mailing Address City State Zip

RESPONSIBLE PARTY:

_____/_____/_____
First MI Last Date of Birth
_____-_____-_____
Primary Phone # Mailing Address City State Zip



LIFE MANAGEMENT ASSOCIATES, LLC

2021 SLIDING FEE DISCOUNT PROGRAM APPLICATION

INSURANCE INFORMATION: LMA will make reasonable efforts to collect alternate payment resources for services rendered, including from third-party insurance carriers, as well as federal and state programs (**responses are optional*):

*Does the patient have Medicaid coverage?

☐ Yes

☐ No

- If No, does the patient wish to have assistance in applying?

☐ Yes

☐ No

*Does the patient have other health insurance coverage?

☐ Yes

☐ No

- If yes, please list insurance carrier and provide insurance card: _____.

Life Management Associates, LLC does not require any person to apply for Medicaid or any other program/insurance to be eligible for the SFDP. Eligibility for the SFDP is solely based on income and family size.

Should you choose to disclose other insurance or payment options, and when permitted by the terms and conditions of our contract with your specific insurance company, the SFDP will be applied to your co-pay/deductible based on the allowable amount set forth by your insurance carrier. Balances due within 30 days from the billing statement date. Failure to comply with these financial requirements will place your account in default and it may be sent to a collection agency 30 days after default has occurred. Should it become necessary to send your account to a collection agency, you are responsible for all collection fees incurred in getting your account paid, including any attorney's fees.

Name of Household Member	Type/Source of Income	Total gross income per month?	Total gross income per year?



LIFE MANAGEMENT ASSOCIATES, LLC

2021 SLIDING FEE DISCOUNT PROGRAM APPLICATION

HOUSEHOLD FAMILY MEMBERS AND INCOME: List any and all employment income for each family member in the household that are expected to file a tax return. Include all full-time, part-time, seasonal or temporary employment, tips, commission, etc. For self-employment, include the average monthly income.

****Documentation of income will need to be provided before discount is approved. Please attach documentation to application.**

Total Number of Household Members: _____

Total Gross Household Income per Year: _____

FEDERAL POVERTY GUIDELINES: As stated, the SFDP is based on household size and income only. Upon acceptance of the application, the following table will be used to calculate the discounted fee rate for services rendered for each patient visit (i.e., the discount will be applied to each billable unit provided).

2021 Sliding Fee Schedule

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% 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	\$12,800	14,168	15,456	16,744	18,032	19,320	20,608	21,896	23,184	24,472	25,760	25,760+
2	\$17,420	19,162	20,904	22,646	24,388	26,130	27,872	29,614	31,357	33,098	34,840	34,841+
3	\$21,960	24,156	26,352	28,548	30,744	32,940	35,136	37,332	39,528	41,724	43,920	43,921+
4	\$26,500	29,150	31,800	34,450	37,100	39,750	42,400	45,050	47,700	50,350	53,000	53,000+
5	\$31,040	34,144	37,248	40,352	43,456	46,560	49,664	52,768	55,872	58,976	62,080	62,081+
6	\$35,580	39,138	42,696	46,254	49,812	53,370	56,928	60,486	64,044	67,602	71,160	71,161+
7	\$40,120	44,132	48,144	52,156	56,168	60,180	64,192	68,204	72,216	76,228	80,240	80,241+
8	\$44,660	49,126	53,592	58,058	62,524	66,990	71,456	75,922	80,388	84,854	89,320	89,321+
For each additional person, add	\$4,540	4,994	5,448	5,902	6,356	6,810	7,264	7,718	8,172	8,626	9,080	9,080

*Based on the 2021 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.



LIFE MANAGEMENT ASSOCIATES, LLC

2021 SLIDING FEE DISCOUNT PROGRAM APPLICATION

By completing and submitting this application:

- I certify that the information provided on this application is true, complete, and accurate.
- I will provide documentation for all income as disclosed on the application.
- I understand that if the documentation is not received within 14-days of this dated application, the application will be re-dated to the date in which the information is submitted.
- I understand that the Sliding Fee Discount Program application covers balances incurred within 12 months after the approval date – so long as my income or household size does not change. I understand it is my responsibility to submit an updated application one year following each approval.
- I understand that I must report any and all changes to income and family size.
- I understand that remaining balances after the SFDP is applied that are more than 30-days past due could be turned over to a collection agency.
- I understand that providing information subsequently determined to be false will result in all discounts being revoked and the full balance of the account(s) restored and immediately due.

Printed Client Name

Signed

Date

Printed Parent of Guardian Name

Signed

Date

Patient Account Representative (LMA)

Signed

Date

Participating Provider

Signed

Date