

Renaissance Treatment Centers Financial Assistance & Access to Care

NOTICE TO PATIENTS:

This practice serves all patients regardless of ability to pay.
Discounts are offered based on family size and income.
For more information, ask the Admissions Coordinator or call the front desk.

AVISO PARA PACIENTES:

Este establecimiento de salud atiende a todos los pacientes independientemente de su capacidad de pago.
Se ofrecen descuentos según el tamaño de la familia y los ingresos.
Para obtener más información, pregunte al Coordinador de Admisiones o llame a la recepción.

This document is a statement of Renaissance Treatment Centers' policies regarding financial assistance and access to services. It is the intent of the Company to ensure that medically necessary treatment is accessible to those in need, regardless of their financial circumstances.

Access to Care Regardless of Ability to Pay

Renaissance Treatment Centers affirms that no patient will be denied access to medically necessary outpatient substance use disorder treatment services due to an inability to pay.

- Patients are not refused services based on income, insurance status, or inability to pay.
- Emergency or clinically indicated services are never delayed due to financial discussions.
- Financial screening for discount eligibility is conducted only after access to care is assured.

This commitment applies to all eligible patients without discrimination based on race, ethnicity, religion, age, disability, marital status, or financial circumstances.

Sliding Fee Discount Schedule

To ensure access for patients who are uninsured or underinsured, Renaissance Treatment Centers maintains a Sliding Fee Discount Schedule. This program provides variable discounts on standard fees based on household size and annual income relative to the Federal Poverty Guidelines.

- *Eligibility:* This program is available to patients who are uninsured or underinsured (meaning insurance does not cover medically necessary services provided by the Company).
- *Coverage:* Discounts apply uniformly to all eligible services, including assessments, therapy, medication management, and case management.
- *Fee Structure:* Depending on income level, eligible patients may qualify for a nominal fee or a percentage discount ranging from 20% to a full discount on covered services.

Application Process

If you are concerned about covering the cost of your treatment, you may apply for the Sliding Fee Discount Schedule by following these steps:

1. *Request an Application:* Ask the Admissions Coordinator for a Sliding Fee Discount Application.
2. *Complete the Form:* Fill out the application regarding your household size and current financial status.
3. *Provide Verification:* You will need to provide documentation to verify your income. Preferred documents include: (1) recent pay stubs, (2) your most recent federal tax return, or (3) if documentation is unavailable, speak with staff regarding self-attestation.
4. *Determination:* Management will review your application and inform you of your eligibility and the specific discounted rate for which you qualify.

For questions on these policies or for assistance with the application, please contact the Admissions Coordinator.

Renaissance Treatment Centers Financial Assistance Application

Instructions

Complete the following information and return it to the Admissions Coordinator to determine if you are eligible for a discount.

- The discount applies to all covered services received at Renaissance Treatment Centers but does not apply to services or equipment purchased from outside providers (e.g., laboratory testing or external prescriptions).
- You must complete this form every 12 months or whenever your employment/financial situation changes.

Application

Name:
Address:
City, State, Zipcode:

Household Member Names*	Date of Birth
Self:	
Other:	
Other:	
Other:	
Other:	
Other:	

**household includes you, your spouse or domestic partner, and any dependents (including those younger than 18); this does not include financially independent roommates or other adults living in the same residence*

Household Income Sources*	from Self	from Others	Total
Wages, Salaries, and Tips			
Income from Owned Business and/or Self-Employment			
Additional Compensation <i>(unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, retirement income, or illicit income)</i>			
Miscellaneous Income <i>(interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources)</i>			
Total Income (add all columns together)			

**include ALL income sources here, whether legal, illicit, or even very small; be as accurate as possible*

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

Signature: _____ **Date:** _____

OFFICE USE ONLY

Verification

1. Insurance Status (insured / underinsured / uninsured)
2. Household Size Verification (consider speaking to ROI individuals to verify client's household size)
3. Income Verification (pay stubs / tax return / self-attestation (with approval of executive director only))

Discount Lookup

1. After verification, enter the client's current annual household income. \$_____
2. Look up the current Federal Poverty Level for clients's household size (on healthcare.gov). \$_____
3. Divide the verified income (item 1) by the Federal Poverty Level (item 2). _____%
4. Using the percent from above, look up the the discount applicable to the client based in the table.

<input type="checkbox"/>	0% - 100%	Client pays the Nominal Fee.
<input type="checkbox"/>	101% - 133%	Client pays 25% of Standard Fee.
<input type="checkbox"/>	134% - 150%	Client pays 40% of Standard Fee.
<input type="checkbox"/>	151% - 175%	Client pays 60% of Standard Fee.
<input type="checkbox"/>	176% - 200%	Client pays 80% of Standard Fee.
<input type="checkbox"/>	>200%	Client pays 100% of Standard Fee (no discount).

5. (if needed) Refer to current pricing schedules for Nominal and Standard fees.

Nominal Fee: \$_____

Standard Fee: \$_____

6. Using the lookup table (item 4) and the current fees schedule (item 5), determine the client's fee.

\$_____

Approval

Client Name: _____

Approved Fee: _____

Approved By: _____

Signature: _____ **Date:** _____

POLICY #	1.F.7b - Financial Planning and Management (Access to Care Regardless of Ability to Pay)
PURPOSE	The purpose of this policy is to ensure equitable access to medically necessary substance use disorder treatment services for uninsured and underinsured populations.
POLICY	<p>It is the policy of Renaissance Ranch that no uninsured or underinsured patient is denied access to medically necessary services due to an inability to pay or income status.</p> <p>The organization affirms that:</p> <ul style="list-style-type: none"> a) Financial screening is conducted to assist those with limited or no insurance coverage. b) Emergency or clinically indicated services are never delayed due to financial discussions. c) Uninsured and underinsured patients qualifying under the Sliding Fee Discount Schedule may receive services at a reduced or nominal cost.
PROCEDURE	<p>The organization, by and through the Executive Management Team and Admissions staff, shall:</p> <ul style="list-style-type: none"> 1) Ensure Non-Discrimination: Apply this policy uniformly to all eligible uninsured and underinsured patients without discrimination based on race, ethnicity, religion, age, disability, marital status, or financial circumstances. 2) Assessment of Need: Conduct financial screenings to determine eligibility for discounts only after access to clinical care is assured. 3) Training: Provide training to intake, billing, and clinical staff regarding the proper application of the policy, ensuring respectful communication regarding financial matters. 4) Compliance Monitoring: The Executive Management Team reviews implementation annually to ensure adherence to federal funding requirements and internal policy standards.

POLICY #	1.F.7c - Financial Planning and Management (Sliding Fee Discount Schedule)
PURPOSE	The purpose of this policy is to maintain a Sliding Fee Discount Schedule (SFDS) to ensure access to services for the uninsured and underinsured.
POLICY	<p>It is the policy of Renaissance Ranch to maintain an SFDS based solely on household size and annual income relative to the current Federal Poverty Level (FPL).</p> <p>a) Scope: The SFDS applies uniformly to all covered services, including intake assessments, individual/group therapy, medication management, urinalysis, and case management.</p> <p>b) Eligibility: Eligibility is limited to patients who are uninsured or underinsured. An insured patient is considered underinsured if their insurance does not cover medically necessary treatment services.</p>
PROCEDURE	<p>The organization shall administer the SFDS as follows:</p> <p>1) Documentation: Staff will request income verification via recent pay stubs or the most recent federal tax return. Self-attestation may be accepted as a last resort when documentation is unavailable and must be documented in the patient record.</p> <p>2) Fee Schedule Application: Discounts are applied based on the following FPL tiers:</p> <ul style="list-style-type: none"> • 0–100% FPL: Nominal fee. • 101–133% FPL: Patient pays 25% of standard fee. • 134–150% FPL: Patient pays 40% of standard fee. • 151–175% FPL: Patient pays 60% of standard fee. • 176–200% FPL: Patient pays 80% of standard fee. • >200% FPL: 100% of standard fee (no discount). <p>3) Fee Consistency: Eligible patients will not be charged more than the applicable SFDS amount.</p> <p>4) Confidentiality: All financial information gathered for SFDS determination is treated as confidential and maintained in accordance with privacy laws.</p> <p>5) Review: The Executive Management Team reviews and updates the SFDS to reflect current guidelines.</p>