



MLK Community Medical Group

POLICY and PROCEDURE

Sliding Fee Discount Martin Luther King Community Medical Group (MLK CMG) <i>Vice President Ambulatory Services</i> <i>Chief Operations Officer</i> P&P Review Schedule: <input type="checkbox"/> Annual <input type="checkbox"/> Biennial <input checked="" type="checkbox"/> Triennial	<i>Policy Number:</i> MLKCMG - 1057
	<i>Manual:</i> Medical Group
	<i>Originated:</i> 2/2/2024
	<i>Reviewed/Revised:</i> 2/2/2024
<i>Effective:</i> 2/2/2024	

I. PURPOSE

- A. The purpose of this policy is to define the eligibility criteria for the Sliding Fee Discount Program (SFDP) and to minimize financial barriers to care for MLKCMG patients at or below 300% of the Federal Poverty Level (FPL).

II. SCOPE / COVERAGE

- A. This Policy applies to the Sites and Services listed in the Health Resources and Services Administration (HRSA) National Health Service Corps eligibility for loan repayment assistance for healthcare workers.

III. DEFINITIONS / ACRONYMS

- A. **Federal Poverty Level (FPL)** - FPL means the poverty guidelines updated periodically in the Federal Register by US. Department of Health and Human Services.
- B. **Self-Pay Patient** - A patient who does not have third-party coverage and is not eligible for coverage from a health insurer, health care service plan, Medicare, or Medicaid/ Medi-Cal, and whose injury is not a compensable injury for Worker's Compensation, automobile insurance, or other insurance (third party liability) as determined and documented by hospital or other healthcare provider. Self-pay patients may include Sliding Fee Discount patients.
- C. **Uninsured-patient** - An "uninsured patient" is a patient who has no third-party source of payment for any portion of their medical expenses, including but not limited to, commercial or other health insurer, health care service plan, Medicare, or Medicaid' Medi-Cal, or third party liability. For the purpose of this

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policy an "uninsured patient" may include a "self-pay" patient. Also includes a patient whose benefits under all potential sources of payment have been exhausted prior to admission.

- D. Self-Pay Discount** - Describes the situation where the hospital has determined that the patient does not qualify for Sliding Fee Discount but is eligible for a self-pay discount and is expected to pay only a part of the bill.
- E. High Medical Cost** - Is a person whose family income does not exceed 400 percent of the FPL percent if that individual does not receive a discounted rate from the hospital because of his or her third party coverage.
- F. Financially Qualified Patient** - A patient who is both of the following: A patient who is a self-pay patient, or a patient with high medical costs. And a patient who has a family income that does not exceed 350 percent of the federal poverty level.

IV. POLICY

- A.** Martin Luther King Jr. Community Medical Group (MLKCMG) will operate in a manner such that no patient shall be denied care due to an individual's inability to pay. Martin Luther King Jr. Community Medical Group (MLKCMG) maintains a standard procedure to qualify patients for Sliding Fee Discount Program (SFDP) for services provided. Sliding Fee Discounts are available to patients with all incomes at or below 300% of the Federal Poverty Level (FPL). Sliding Fee Discount will be administered in a manner consistent with state and federal laws and regulations.
- B.** As required by law, MLKCMG shall provide patients with information regarding Sliding Fee Discount and other programs during the patient intake process. Patients (and/ or representatives) are expected to cooperate with MLKCMG to determine Sliding Fee Discount eligibility and to contribute to the cost of their care based on their ability to pay. It is imperative that the notification of availability, determination, reporting and tracking of Sliding Fee Discount are in concert with our mission and our community obligations.
- C.** MLKCMG Patients who do not have third-party insurance and are not eligible for government program will receive a self-pay discount off MLKCMG charges. The self-pay uninsured discount percentage is 30%.

V. PROCEDURE

- A.** For the purpose of this policy, the terms below are defined as follows:

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1. Patient's Family Health and Safety Code§12740
 - a. Patients 18 years of age and older — the family includes the patient's spouse, registered domestic partner and dependent children under 21 years of age.

2. Eligibility

- a. Sliding Fee Discount will be applied for those individuals according to the Sliding Fee Schedule.
- b. Sliding Fee Schedule is as follows:

Sliding Fee Scale Category	Partial Discount/ Amount Charged
At or below 200% of the FPL	\$10.00
201-233% of the FPL	\$13.00
234-266%	\$\$16.00
267-300%	\$19.00

For patients that are above 300% and up to 400% of the FPL MLKCMG will offer a partial discount amount charged of \$50. This discount is not under part of the sliding fee discount program and MLKCMG will utilize other funding sources to provide this discount.

- c. All basic medical services (i.e. office visits) are inclusive except services that use an outside provider in which MLKCMG does not bill for (i.e. laboratory services). Excluded services for which this policy does not apply, patient charges may be discounted (See Appendix D).
- d. Eligibility will be determined in accordance with the following procedures to ensure an individual assessment of Family Income. The application process will require the following information from the patient:
 - 1) Completed signed application
 - 2) Proof of Income can include
 - a) Tax Return and monetary assets or
 - b) Subsequent month bank statements, or
 - c) Most recent payroll stub, or
 - d) FICA earnings summary from SSA
- e. In determining whether an individual qualifies for Sliding Fee Discount, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medical, Health PAC, Victims of Crime, California Children Services, or the Affordable Care Act benefit plans.
- f. MLKCMG shall assist patients in exploring appropriate alternative sources of payment and coverage from public and private payment programs and to also assist patients in applying for such programs. However, if the patient applies, or has a pending application for another health coverage program at the same time that he or she applies for the

Sliding Fee Discount or discount payment program, neither application shall preclude eligibility for the other program.

- g. Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. MLKCMG shall seek to collect these amounts from the patient.
- h. Patients whose income exceeds 400% of the FPL may be eligible to receive discounts based on MLKCMG Discount policy.
- i. Insured patients with high medical costs or limited coverage who have exhausted their benefit coverage may qualify for Sliding Fee Discount.

3. Presumptive Eligibility – MLKCMG understands that certain patients may be unable to complete a Financial Assistance application, comply with requests for documentation, or are otherwise non-responsive to the application process. As a result, there may be circumstances under which a patient’s qualification for Financial Assistance may be established without completing the formal assistance application and/or providing the necessary and required documents for approval. MLKCMG may utilize other sources of information to make an individual assessment of financial need to determine whether the patient is eligible for financial assistance and approval. This information will enable MLKCMG to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient. In particular, presumptive eligibility for Financial Assistance may be determined on the basis of individual life circumstances that may include:

- a. Homelessness or receipt of care from a homeless clinic;
- b. Participation in Women, Infants and Children (WIC) programs;
- c. Eligibility for food stamps;
- d. Eligibility for school lunch programs;
- e. Living in low-income or subsidized housing; and
- f. Patient is deceased with no estate.

4. Homeless Patients – Patients without a payment source may be classified as eligible if they do not have a job, mailing address, residence, including temporary residence, or insurance. However, all other county, state, or government programs must be considered as part of enrollment screening. Consideration must also be given to classifying patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care.

For homeless patients MLKCMG must ensure financial screening is provided. This includes but is not limited to screening for Sliding Fee Discount.

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5. Determination of Eligibility – While it is desirable to determine the amount of Sliding Fee Discount for which a patient is eligible as close to the time of service as possible, in some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information. At any time, if a patient sends confirming information and the application that demonstrate qualification for Sliding Fee Discount, then Sliding Fee Discount will be indicated. MLKCMG will make every effort to provide a determination of eligibility within 30 days of receiving all requested information and documentation from the patient.

Every effort should be made to determine a patient's eligibility for Sliding Fee Discount. In some cases, a patient eligible for Sliding Fee Discount may not have been identified prior to initiating external collection action. Accordingly, any collection agency will be made aware of the policy on Sliding Fee Discount. (See Debt Collection and Collection Agency management policy). This will allow the agency to refer patient accounts back to MLKCMG that may be eligible for Sliding Fee Discount.

The granting of the Sliding Fee Discount shall be based on and include individualized determination of Family Income, and shall not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. Discounts will be based on family size and total household income only.

6. Disputes— A patient may seek review of any decision by MLKCMG to deny Sliding Fee Discount by notifying the Manager of given clinic:
East Compton Clinic (424) 296-3772
Rosecrans Clinic (424) 338-8021
Wilmington Clinic (424) 338-8665
7. Uninsured discounts and Extended Payment Plans— MLKCMG patients who do not have third party insurance and are not eligible for a government program will receive a discount off MLKCMG charges. The uninsured discount percentage for Hospital and Professional billing is 30% from total charges
8. MLKCMG and any Collection Agency acting on our behalf shall offer uninsured patients and insured patients with a patient responsibility portion the option to enter into an agreement to pay their patient responsibility portion and any other amounts due over time. MLKCMG will also offer extended payment plans for those patients who indicate an inability to pay a patient responsibility amount in a single installment. Terms of Payment Plans: all payment plans shall be interest-free. MLKCMG will negotiate an extended payment plan to allow payments over time that is agreed upon between MLKCMG and the

patient based on the patient's family income and essential living expenses. If MLKCMG and the patient are unable to agree on the terms of the payment plan, MLKCMG shall extend a payment plan option under which the patient may make a monthly payment of not more than 10% of the patient's monthly family income after excluding essential living expenses. "Essential living expense" means expenses for any of the following: rent, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments laundry and cleaning, and other extraordinary expenses. The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments during a 90-day period. Before declaring the payment plan no longer operative, MLKCMG or the contracted collection agency shall make a reasonable attempt to contact the patient by phone and to give notice in writing that the extended payment plan may become inoperative and that the patient has the opportunity to renegotiated payment plan. After a payment plan is declared inoperative, MLKCMG or the contracted collection agency may commence collection activities.

9. Sliding Fee Discount Application

a. Application

- 1) A low-income uninsured patient who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for Sliding Fee Discount assistance or any other federal, state, or county program.
- 2) The MLKCMG standardized application form, shown as the "Sliding Fee Discount Application" (see Appendix B), will be used to document each patient's overall financial situation. This application should be available in the primary language(s) of service area (i.e., English and Spanish).
- 3) If an uninsured patient does not complete the application form within 30 days of delivery, MLKCMG will notify the patient that the application has not been received and will provide the patient an additional 120 days to complete the application. If the application form is subsequently submitted it will be accepted.
- 4) The patient must make every reasonable effort to furnish MLKCMG with documentation of income. The documentation requirements are on the charity budget form.
- 5) Self-declaration of income may be used when the patient is homeless with no job, paid in cash, or does not have the means to obtain written proof of income. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. The statement will be presented to the financial counselors for review and final determination as to the sliding fee percentage.

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10. Eligibility Period— Once the determination is made that the patient is eligible for Financial Assistance and Sliding Fee Discount patients will be eligible for a period of one year after the determination is made or 180 days for self-declaration of income. Patients must re-apply for Financial Assistance and Sliding Fee Discount every 180 days if self-declaration of income or every 365 days for all others. If at any time information relevant to the eligibility of the patient changes, it is the patient’s responsibility to notify MLKCMG of the updated information.

A review will include any other outstanding accounts for the patient that may also be eligible for the financial assistance approval timeframe.

B. Sliding Fee Discount Information- Notice

1. Patient Intake process— Martin Luther King, Jr Community Medical Group shall provide patients with information regarding Sliding Fee Discount, during the patient intake process. MLKCMG shall also provide patients with contact information for an MLKCMG employee or office from which the patient may obtain further information about Sliding Fee Discount and discount payments. The information provided shall be in the primary language of MLKCMG service area and in a manner consistent with all applicable federal and state laws and regulations.
2. Public notice of the availability of assistance through this policy should be made through each of the following means:
 - a. Posting notices in a visible manner in ambulatory clinic locations. Posted notices shall contain the following information:
 - 1) A statement indicating that MLKCMG has a financial assistance policy for low-income uninsured patients who may not be able to pay their bill and that this policy provides a Sliding Fee Discount.
 - 2) Identification of a hospital contact phone number that the patient can call to obtain more information about the policy and how to apply for assistance.
3. Bills / Statements— MLKCMG shall include notice on all bills and statements sent to patients notifying patients of the availability of financial assistance. The information shall include following:
 - a. Phone number for patients to call with questions about financial assistance
 - b. The website address where patients can obtain additional information about financial assistance including the financial assistance policy and a plain language summary of the policy and the application for financial assistance.

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4. Reimbursing Overcharges— If MLKCMG erroneously collected the patient portion, from a patient who qualifies for Sliding Fee Discount, the patient will be reimbursed the principle. This clause shall not apply if the overpayment is \$5 or less. In this case, MLKCMG shall furnish credit equal to the amount of \$5 or under for a period of 60 days.
5. Not Available for Sliding Fee Discount— Sliding Fee Discount and/or discounts provided by this policy are not available for cosmetic procedures. The application of this policy does not apply to any portion of a patient's services because of the transfer of a patient to another facility that bill for services under a different Tax Identification Number. The hospital will make every effort to locate a charitable organization that MLKCMG is aware of or has a relationship with to furnish elective procedures.

C. Authority and Responsibilities

1. Authority— Authority for decision making with regard to this policy and the progression to formal debt collection is granted to the Director for Patient Accounting and Patient Access Services and/or an individual with such authority at a higher level or rank in the hospital including the Vice President of Martin Luther King Jr. Community Medical Group, the Chief Financial Officer and other personnel granted this authority for coverage when the Director or designee is not available.
2. Responsibilities – Who can write off grants— VP of Martin Luther King Jr. Community Medical Group, or their designee.
3. Roles and Responsibilities: Procedures must be adopted that clearly address the various responsibilities in the determination of charity care. This includes documentation of any contact with the patient, provision of information, and assistance to the patient making the determination of charity care eligibility and notifying the patient.
4. Record-keeping— Records relating to patients must be readily accessible. MLKCMG must maintain information regarding the number of uninsured patients who have received service, the number of financial assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number denied, and the reasons for denial.
5. In addition, notes relating to Sliding Fee Discount application and approval or denial should be entered on the patient's account

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6. Regulatory. Submission— Upon request, MLKCMG will forward copies of this policy to Regulatory bodies as necessary as determined by MLKCH administration.
7. Analysis— Martin Luther King Jr. Medical Group (MLKCMG) has developed Sliding Fee Discount policy and Procedure that meets HRSA requirements and ensures that no patient is denied services due to his or her inability to pay.
8. Federal Poverty Guidelines:

Program Eligibility by Federal Poverty Level for 2024

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (FPL).



		Federal Premium Tax Credit*											
		SEE NOTE BELOW FOR INCOMES IN THIS RANGE								American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)		AIAN Limited Cost Sharing (over 300%)	
				Silver 94 (100%-150%)		Silver 87 (>150%-200%)		Silver 73 (>200%-250%)					
		% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
Household Size	1	\$0	\$14,580	\$20,121	\$21,870	\$29,160	\$31,056	\$36,450	\$38,783	\$43,740	\$46,948	\$58,320	
	2	\$0	\$19,720	\$27,214	\$29,580	\$39,440	\$42,004	\$49,300	\$52,456	\$59,160	\$63,499	\$78,880	
	3	\$0	\$24,860	\$34,307	\$37,290	\$49,720	\$52,952	\$62,150	\$66,128	\$74,580	\$80,050	\$99,440	
	4	\$0	\$30,000	\$41,400	\$45,000	\$60,000	\$63,900	\$75,000	\$79,800	\$90,000	\$96,600	\$120,000	
	5	\$0	\$35,140	\$48,494	\$52,710	\$70,280	\$74,849	\$87,850	\$93,473	\$105,420	\$113,151	\$140,560	
	6	\$0	\$40,280	\$55,587	\$60,420	\$80,560	\$85,797	\$100,700	\$107,145	\$120,840	\$129,702	\$161,120	
	7	\$0	\$45,420	\$62,680	\$68,130	\$90,840	\$96,745	\$113,550	\$120,818	\$136,260	\$146,253	\$181,680	
	8	\$0	\$50,560	\$69,773	\$75,840	\$101,120	\$107,693	\$126,400	\$134,490	\$151,680	\$162,804	\$202,240	
	add'l add	\$0	\$5,140	\$7,094	\$7,710	\$10,280	\$10,949	\$12,850	\$13,673	\$15,420	\$16,551	\$20,560	

Medi-Cal for Adults

Medi-Cal for Pregnant Individuals

Medi-Cal Access Program (for Pregnant Individuals)

Medi-Cal for Kids (0-18 Yrs.)

CCHIP (San Francisco, San Mateo, and Santa Clara county residents)

Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

Silver 94, 87 and 73 plans have no deductibles, and lower co-pays and out-of-pocket maximum costs.

* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

Partial discounts are provided for individuals and families at all income levels and those discounts adjust based on gradations in income levels and include at least three discount pay classes.

VI. WORKPLACE SAFETY – N/A

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VII. RELATED POLICIES AND PROCEDURES – N/A

VIII. REFERENCES – N/A

IX. APPENDICES

- A.** Appendix A - Sliding Fee Scale
- B.** Appendix B - Sliding Fee Discount Application
- C.** Appendix C - Determination Letter
- D.** Appendix D - Exclusions to the Sliding Fee Discount Program

APPENDIX A

Sliding Fee Scale

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (FPL).

		Federal Premium Tax Credit*										
		Tax credit continues beyond 400%										
		American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)										
		AIAN Limited Cost Sharing (over 300%)										
		SEE NOTE BELOW FOR INCOMES IN THIS RANGE										
		Silver 94 (100%-150%)			Silver 87 (>150%-200%)		Silver 73 (>200%-250%)					
% FPL		0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400*
Household Size	1	\$0	\$14,580	\$20,121	\$21,870	\$29,160	\$31,056	\$36,450	\$38,783	\$43,740	\$46,948	\$58,320
	2	\$0	\$19,720	\$27,214	\$29,580	\$39,440	\$42,004	\$49,300	\$52,456	\$59,160	\$63,499	\$78,880
	3	\$0	\$24,860	\$34,307	\$37,290	\$49,720	\$52,952	\$62,150	\$66,128	\$74,580	\$80,050	\$99,440
	4	\$0	\$30,000	\$41,400	\$45,000	\$60,000	\$63,900	\$75,000	\$79,800	\$90,000	\$96,600	\$120,000
	5	\$0	\$35,140	\$48,494	\$52,710	\$70,280	\$74,849	\$87,850	\$93,473	\$105,420	\$113,151	\$140,560
	6	\$0	\$40,280	\$55,587	\$60,420	\$80,560	\$85,797	\$100,700	\$107,145	\$120,840	\$129,702	\$161,120
	7	\$0	\$45,420	\$62,680	\$68,130	\$90,840	\$96,745	\$113,550	\$120,818	\$136,260	\$146,253	\$181,680
	8	\$0	\$50,560	\$69,773	\$75,840	\$101,120	\$107,693	\$126,400	\$134,490	\$151,680	\$162,804	\$202,240
add'l add	\$0	\$5,140	\$7,094	\$7,710	\$10,280	\$10,949	\$12,850	\$13,673	\$15,420	\$16,551	\$20,560	

Medi-Cal	Medi-Cal for Adults	Medi-Cal for Pregnant Individuals	Medi-Cal Access Program (for Pregnant Individuals)
	Medi-Cal for Kids (0-18 Yrs.)		CCHIP (San Francisco, San Mateo, and Santa Clara county residents)

Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

Silver 94, 87 and 73 plans have no deductibles, and lower co-pays and out-of-pocket maximum costs.

* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

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APPENDIX B

**MLK Community Healthcare
Financial Assistance Application**

Patient Name _____ Patient Account Number _____

Telephone Number _____ Birth Date (Month/Date/Year) _____

Optional - Employer (Name, Address and Telephone Number) _____

Spouse Name _____ Birth Date (Month/Date/Year) _____



A. Income: Please provide the income for each of the following persons in your household.

		Circle One			Circle One
Patient	\$ _____	/Hr /Wk /Month /Year	Patient's Guardian (if patient is a minor)	\$ _____	/Hr /Wk /Month /Year
Spouse	\$ _____	/Hr /Wk /Month /Year	Patient's Guardian (if patient is a minor)	\$ _____	/Hr /Wk /Month /Year

Total Yearly Family Income: \$ _____

B. Family Members: Please provide the number of persons (number of dependents listed on tax return) _____

C. Income Verification: Please provide the following types of documentation to verify your income.

- | | |
|--|--|
| <ul style="list-style-type: none"> • IRS Form W-2 • Paycheck Remittance • Tax Return • Bank Statements • Employer Verification • Unemployment Compensation Determination Letters • Proof of Participation in a Government Assistance Program other than AFDC, Medical, CCS and food stamps • Social Security or Workers' Compensation Determination Letters • RSDI letter | <ul style="list-style-type: none"> • Other, Please Describe: _____ _____ _____ • If you are unable to provide one of the sources of income <u>documentation</u> listed in Section C, please explain why this information is not available: _____ _____ _____ |
|--|--|

I understand that MLK Community Healthcare (MLKCH) may verify the financial information contained in this Financial Assistance Application ("Application") in connection with MLKCH evaluation of this Application, and by my signature hereby authorize my employer to certify the information provided in this Application. I am aware that falsification of information on this Application may result in denial of entitlement to financial assistance.

Signature of Patient or Responsible Party _____ Date _____

Employee Signature if any part of Financial Assistance Application Completed by an Employee _____ Date _____

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APPENDIX C

SLIDING FEE DISCOUNT DETERMINATION LETTER

Date:

Guarantor:
Address:

Re: Eligibility Determination for Sliding Fee Discount Program

Dear: _____;

MLK Community Medical Group (MLK-CMG) has conducted an eligibility determination for the Sliding Fee Discount Program:

Patient Name

Medical Records Number

Enrollment Period

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

- Your request for the SFDP has been approved for services provided during the enrollment period identified above.
Your out of pocket cost for each ambulatory visit is: _____ (Insert patient shared cost)

- Your request is pending approval. However, the following information is required before any adjustment can be applied to your account:

- Your request has been denied because:
 - Income level exceed guidelines
 - We didn't received required documentation for review/approval

Please call us if you have any questions or need additional information

Thank you,

Eligibility Specialist

Phone Number

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**Appendix D
Exclusions to the Sliding Fee Discount Program**

Service	Discount	Additional Fees
Vaccines not covered by government funding	30% of administration fee	Cost of vaccine
Procedures including minor surgeries, diagnostic screenings, etc	30%	None
Non-covered services from 3 rd Party Health Plan	30%	None