

POLICY STATEMENT: FEES & DISCOUNTS

STANDARD FEES

Universally agreed-upon codes and definitions, called “current procedural terminology” (CPT) codes, are used to designate each procedure. For office visits, several criteria are used to differentiate levels of complexity, see *Evaluation and Management*.

Fees for office visits for established patients (E) at HeartSong are included in the table below. Fees are higher for new patients (N) and a different set of codes are used. Fees are lower for wellness visits for established patients, and another set of codes are used for these visits; these are not included in the table below. If you would like a quote for a particular service that is not on the table, please contact HeartSong at info@heartsonghealth.org.

CPT CODE	COMPLEXITY	TIME	NP FEE	EP FEE
99205 (NP) 99215 (EP)	HIGH	35” - 60”	\$275	\$200
99204 (NP) 99214 (EP)	MODERATE HIGH	25” - 34”	\$200	\$150
99203 (NP) 99213 (EP)	MODERATE	15” - 24”	\$150	\$100
99202 (NP) 99212 (EP)	LOW	5” - 14”	\$100	\$50

DISCOUNTS

HeartSong’s discount policies apply only to office visit charges. They do not apply to pharmacy items or to services provided by outside agents, such as out-of-network diagnostics done by a specialized laboratory.

TIME-OF-SERVICE DISCOUNTS

A 20% discount may be applied against an office visit if payment is made *at the time of service*. You must request this discount at the time you pay for the service. It cannot be applied retroactively.

INCOME-BASED DISCOUNTS

It is the policy of HeartSong Health In Community, Inc. to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply.

Application Process

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required. Adolescent patients seeking confidential care are exempt from the application process and services are provided at the nominal rate.

DISCOUNT FEE TABLE

If your annual income is *above* the sum indicated in one column and *below* the sum indicated in the column immediately to the right, then you pay the percentage of the standard fee indicated at the top of first column. So, for example, if you earn *more than* \$13,000 but *less than* \$15,600, then you pay 20% of the standard fee.

Number of people in household	Minimum Fee Pay 10%	20% Pay (125% of column one)	40% Pay (150% of column one)	60% Pay (175% of column one)	80% Pay (200% of column one)	100% Pay (201%)
1	\$11670	\$14,588	\$17,505	\$20,422	\$23,340	\$23,573

Note: The income ceiling for the minimum fee pay is equal to the federal poverty level.
Based on 2014 Federal Poverty Guidelines