



Reddy Family Medical Clinic

Donaldsonville – Napoleonville – Pierre Part – Plaquemine – White Castle

SLIDING FEE DISCOUNT PROGRAM

What is the Sliding Fee Discount Program?

The Sliding Fee Discount Program allows **UNINSURED/UNDERINSURED** patients to receive healthcare for a reduced cost at all Reddy Family Medical Clinics (RFMC). This discount is determined by **FAMILY SIZE** and **INCOME** and based on the annual federal government "POVERTY GUIDELINES".

Who can apply for the Sliding Fee Discount Program?

Our clinics accept all patients, regardless of insurance, financial status or ability to pay. We are a Rural Health Clinic which offers a wide range of health care services to patients through the Sliding Fee Discount.

How do I apply for the Sliding Fee Discount Program?

To be eligible for the Sliding Fee Discount Program, an individual is required to:

- Complete an application
- Provide picture identification
- Provide proof of household income, or financial assistance, and total number of people living in the household.
 - Household income is defined as "Gross Income earned from ALL persons living within the home".
 - Proof of Income: a paycheck stub, yearly income tax return, copies of social security/food stamps award letter or other supporting documents you have received as proof of family income.

What does the patient pay for services?

Upon check-in, the patient is responsible for the amount according to their Sliding Fee Discount.

Sliding Fee Discount Rates

Medical Nominal Fee. For Office Visits \$25; which also includes the following labs: 80053, 80061, 81001, 81003, and 85025 . The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

For poverty rate 100% and below nominal fee do not apply and, and patients will not be denied services due to an inability to pay.

For individuals and families with incomes above 101 percent and at or below 150 percent of the FPG 50% discount and for individuals and families with incomes above 151 percent and at or below 175 percent of the FPG 30% discount and for individuals and families with incomes above 176 percent and at or below 200 percent of the FPG 25% discount.

Patients will not be denied services due to an inability to pay even if they do not pay nominal fee.

To qualify for this discounted rate, please contact our office at (225) 473-3931 for further details.



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REDDY FAMILY MEDICAL CLINIC SLIDING SCALE POLICIES

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: January 1 2026

POLICY: To make available free or discounted services to those in need.

PURPOSE: All patients seeking health care services at Reddy Family Medical Clinic are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Reddy Family Medical Clinic will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Reddy Family Medical Clinic will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Reddy Family Medical Clinic will notify patients of the Sliding Fee Discount Program by:

- Payment Policy Brochure will be available to all patients at the time of service.
- Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
- Sliding Fee Discount Program application will be included with collection notices sent out by

Reddy Family Medical Clinic.

- An explanation of our Sliding Fee Discount Program and our application form are available on

Reddy Family Medical Clinic website.

- Reddy Family Medical Clinic places notification of Sliding Fee Discount Program in the clinic waiting area.

2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.

3. Administration: The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and are provided healthcare services



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4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Reddy Family Medical Clinic as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only.

a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Reddy Family Medical Clinic will also accept non-related household members when calculating family size.

b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

Self- declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services which also includes the following labs: 80053, 80061, 81001, 81003 and 85025

Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged as described below. For Individuals and families with incomes above 101 percent and at or below 150 percent of the FPG will be offered a 50% discount and for individuals and families with incomes above 151 percent and at or below 175 percent of the FPG will be offered a 30% discount and for individuals and families with incomes above 176 percent and at or below 200 percent of the FPG will be offered a 25% discount at the first quarter of every calendar year according to the the latest FPL.

8. Nominal Fee and discounts: For Office Visits only \$25; for poverty rate 100% and below nominal fee do not apply

For individuals and families with incomes above 101 percent and at or below 150 percent of the FPG 50% discount and for individuals and families with incomes above 151 percent and at or below 175 percent of the FPG 30% discount and for individuals and families with incomes above 176 percent and at or below 200 percent of the FPG 25% discount.

The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment and services will not be denied due to inability to pay.

9. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Reddy Family Medical Clinic designated official. Any waiving of charges should be documented in the patient's file along with an explanation.



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10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Reddy Family Medical Clinic will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income

11. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

12. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Reddy Family Medical Clinic can explore options not limited to, but including offering the patient a payment plan, waiving of charges.

13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.

a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Reddy Family Medical Clinic practice management system, noting names of applicants, dates of coverage and percentage of coverage.

b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

14. Policy and procedure review: The SFS will be updated based on the current Federal Poverty Guidelines. Reddy Family Medical Clinic will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

15. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

2026 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program

REVIEWED By Nagaratna Reddy MD



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PATIENT RIGHTS

While you are a patient at Reddy Family Medical Clinic, **YOU HAVE THE RIGHT TO:**

- Receive quality healthcare.
- (i) Be respected by others regardless of race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity or health condition
- Have privacy while you receive care.
- Have your personal and health records kept confidential. You must give written consent before your information can be shared with someone.
- Known facts about Reddy Family Medical Clinic, its services, its providers and others who will be caring for you.
- Get all the facts from the provider about your health and treatment options.
- Get health information and treatment options in words you understand.
- Say “NO” to any medical care. Talk with the provider and know your other options. If you refuse care and that prevents your provider from meeting their moral or professional standards, they may decide they can no longer care for you. Your provider must give you proper notice in the event they wish to exercise that right. You have a right to file a formal grievance, if you disagree with the decision.
- Tell us in advance, how you wish to be treated, if you ever become too ill to decide for yourself. This is your legal right.



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- Give us feedback about our care and services by completing our Patient Satisfaction Survey after your visit

PATIENT RESPONSIBILITIES

While you are a patient at Reddy Family Medical Clinic, **YOUR RESPONSIBILITIES INCLUDE THE FOLLOWING:**

- Keep all scheduled appointments with your provider and other specialist(s) you are referred to.
- Bring required medical documentation.
- Give a detailed and honest history of your entire family.
- Give an update of any changes in your health during each visit.
- Tell us about any changes that may affect your health information; such as, a new address, new phone numbers, emergency contact information, new insurance, marriage, etc.
- Ask questions about your health and take an active role in your care.
- Take all medications as prescribed by your provider and give information about all medications, including over the counter medications and herbal supplements or vitamins that you are taking. Know what the medications are for and how to use them.
Ask questions if you don't understand!
- Discuss and be involved in your treatment plan. Follow orders as given. **Ask questions!**
- Call your provider first with medical problems, unless it is a medical emergency.
- Avoid using the Emergency Department for non-serious health situations. Instead, use Reddy Family Medical Clinic or Urgent Care Centers.



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- Report any emergency treatment to your provider, within 48 hours after treatment was provided. Remember to bring any medical documentation to your next appointment.

NOTICE TO PATIENTS

This practice serves all patients regardless of ability to pay.

No one will be denied access to services due to inability to pay and there is a discounted/sliding fee schedule available based on family size and income

For more information, ask at the front desk or call 225 473 3931

Thank You!

AVISO PARA PACIENTES

Esta practica sirve a todos los pacientes, independientemente de la capacidad de pago.

Descuentos para los servicios esenciales son ofrecidos dependiendo de tamano de la familia y de los ingresos.

Usted puede solicitar un descuento en la recepcion.

Gracias!



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NON-DISCRIMINATION POLICIES

- Reddy Family Medical Clinic, and its staff, complies with applicable Federal, State and Local laws and/or regulations & does not discriminate (exclude or treat differently) on the basis of:
 - Race
 - Color
 - National Origin
 - Age
 - Disability
 - Religion
 - Sexual Orientation
 - Inability To Pay
 - Gender Identity
- Reddy Family Medical Clinic will not deny access to medical services due to an inability to pay. A Sliding Fee Discount Program is available, determined by **FAMILY SIZE** and **INCOME** and based on the semi-annual federal government “POVERTY GUIDELINES”.



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DISCLOSURE OF INFORMATION

CLINIC OWNER & MEDICAL DIRECTOR

Nagaratna Reddy, MD