

PATIENT CAPS ON CHARGES & SLIDING FEE SCALE

Caps on Charges

The Ryan White HIV/AIDS Program requires that insured and uninsured individuals be charged no more than a maximum amount in a calendar year. These charges can include the cost of enrollment fees, insurance premiums, deductibles, co-payments, co-insurance, medications, or other HIV associated medical care costs. Proof of expense is required. Proof of payment is not required. The cap on charges is based on a percent of a patient's individual gross annual income according to the chart below.

Sliding Fee Scale

The Ryan White HIV/AIDS Program requires that there is a sliding fee scale in effect based on a patient's income. The program requires that charges are imposed if individual income is over 100% of the federal poverty level. The clinic requires co-pays at the time of billable services. The ID clinic front desk staff will collect co-pays based on the chart below. However, if you are insured, your required insurance co-pay will be collected up to the required annual cap on charges. If you have qualified for UNC Charity Care, the Ryan White co-pay amount, rather than the Charity Care co-pay, will be required. No patient will be refused care due to an inability to pay.

Poverty Level*	Annual Income Level*	Maximum Charges Allowed	Visit Co-Pay Amount
<= 100%	<= \$ 11,880	No charges allowed	No co-pay required
101-200%	<= \$ 23,760	No more than 5% of gross annual income	\$ 5
201-300%	<= \$ 35,640	No more than 7% of gross annual income	\$ 7
> 300%	> \$ 35,640	No more than 10% of gross annual income	\$ 10

*Based on income for **ONE** individual per 2016 U.S. Dept. of HHS Poverty Guidelines for the continental 48 states and D.C.
Source: Federal Register, citation # 81FR 4036, January 25, 2016, pp. 4036-4037, document # 2016-01450

The clinic benefits counselors are available to assist you in understanding the benefits and payments required based on your information. Please ask to speak to them if you have questions.

If you want to qualify for a limit on the cost of your HIV care, receive Ryan White funded services in clinic or receive medications through HIV pharmacy programs, we need you to:

- Acknowledge that you are aware of the maximum allowable charges annually.
- Acknowledge that you are required to pay based on the sliding fee scale or your insurance
- Acknowledge your responsibility to submit documentation of your yearly income and complete eligibility documents to qualify for benefits.
- Acknowledge your responsibility to submit proof of HIV-related medical expenses to determine if you have met the cap on charges.

By signing below, I acknowledge receipt of this notification and understand my responsibilities related to the Ryan White Caps on Charges and Sliding Fee Scale.

Patient Signature

Date

Printed name

If you do not wish to receive Ryan White Services or a Cap on Charges:

By signing below, I decline services provided through Ryan White funding including a cap on charges and do not want to provide income information that is required for eligibility. I understand that if I wish to receive Ryan White services or benefits in the future, I can provide documentation to the UNC ID Clinic and my eligibility will be reviewed at that date.

Patient Signature

Date

Printed name