



7130 Smoke Ranch Road  
Suite #101  
Las Vegas, NV 89128  
(702) 304-8135  
RedRockRadiologyAssociates.org

## **Policy Regarding Self Pay and Federal Poverty Level Guidelines**

To: Red Rock Radiology, Local Practice Board

From: Ben May, Senior Director of Finance

Date: January 1<sup>st</sup>, 2023

Re: Sliding Scale for Self-Pay Patients and Inability to Pay

If a self-pay patient at or below 100% of the federal poverty level and requests a discount, we will adjust 50% of the billed charges with a minimum fee of 50\$. If the patient needs more than 50% off of billed charges, then they need to provide proof that they have been approved for a charity/hardship with the hospital (using the federal poverty level guidelines) and we will honor the same discount as the hospital. This sliding fee scale applies to all facilities listed below, with the minimum fee being charged being 50\$. This sliding fee schedule is available in English and Spanish on our website Redrockradiology.org

Sunrise Hospital (HPSA ID 1328484648, MUA ID 07866)  
3186 S Maryland Parkway  
Las Vegas, NV 89109

Mountain View Hospital (HPSA ID 1321146138)  
3100 N Tenaya Way  
Las Vegas, NV 89128

Southern Hill Hospital (HPSA ID 1324377592)  
9300 W Sunset Road  
Las Vegas, NV 89148

Red Rock Radiology (HPSA ID 1321146138)  
7130 Smoke Ranch Road, Suite 101  
Las Vegas, NV 89128

Approved by LPB on 01/01/2023

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## Red Rock Radiology Discount Policies

As of November 2022

### **Self-Pay Discount**

Upon request, Red Rock Radiology will offer up to a 20% discount from gross charges for all self-pay patients that have no insurance coverage as long as payment is made in full within thirty (30) calendar days.

Escalate to Sr Director of Finance or Manager of Revenue Cycle for discount requests above 20%.

### **Patient Responsibility Discount**

As Red Rock Radiology is expected to bill for deductibles, co-pays, co-insurance based on payor contracts, it is our expectation that each patient will pay, in full, their responsible payments as identified on their EOB. Should the patient be able to show hardship, the hardship policy may take precedent.

Government plans and Medicaid share of cost is excluded from the patient responsibility policy and will be collected similar to deductibles, co-insurance and/or copays.

Upon request, start with offering 10% then 20% prompt-payment discount can be offered, if paid in full immediately. Escalate to Sr Director of Finance or Manager of Revenue Cycle for discount requests above 20%.

### **Hardship Policy**

Red Rock Radiology will recognize hardship situations of a patient on a case-by-case basis. The requirements are that the requesting patient should produce documentation (e.g. prior year tax return). The discount offered will follow the grid below for the level of hardship discount offered. Medicaid share of cost is excluded from the hardship policy and will be collected similar to deductibles and/or copays.

<b><u>2022 Federal Poverty Level</u></b>	<b><u>Discount Offered</u></b>
<200%	75% discount
200% - 300%	50% discount
>300%	0% discount

Government plans include Medicare-related, Medicaid, Medicare Assigned, Medicaid Assigned, VA, Tricare, Champus, Indian Health, Duals and Exchange



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See Federal Poverty Guidelines on the following page for reference.

### **2022 Federal Poverty Guidelines**

1	\$25,142	\$33,975	\$44,178
2	\$33,878	\$45,775	\$59,508
3	\$42,606	\$57,575	\$74,848
4	\$51,338	\$69,375	\$90,188
5	\$60,070	\$81,175	\$105,528
6	\$68,802	\$92,975	\$120,868
7	\$77,534	\$104,775	\$136,208
8	\$86,266	\$116,575	\$151,548

### **Hospital Requested Discount**

The Hardship Policy also recognizes Affiliated Hospital Programs and their discounts. Thus, as part of the Hospital Requested Discount, Red Rock Radiology will match a hospital requested discount granted to a patient upon receipt of documentation identifying the discount offered.

### **OON Discount**

Upon request, Red Rock Radiology will offer a discount for services provided to Out Of Network patients (excluding government plans as previously defined) to assist with higher than usual deductibles and/or co-insurance, if requested by the patient. The Discount will be up to 20% of the balance owed, if account is paid in full immediately.

Escalate to Sr Director of Finance or Manager of Revenue Cycle for discount requests above 20%.

### **Professional Courtesy Discount**

Upon request, Red Rock Radiology will offer a discount to all M.D., D.O., naturopathic and homeopathic physicians, chiropractors, mid-level providers (i.e. radiology technicians) and their immediate family members, who reside in the local community serviced by Red Rock Radiology. The discount will be up to 20%. This excludes patients with government plans (previously defined).



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independent verification that the patient qualifies for this Professional Courtesy Discount will be made by reasonable means, which include, but are not limited to, confirmation from a partner of Red Rock

Radiology or other independent source (i.e. a hospital administrator), obtaining a faxed or scanned copy of the physician's hospital ID, or by some other reasonable means of verification.

The Professional Courtesy shall be applied to payer's portion when requested at point of service. If the patient requests a Professional Discount after services are provided by Red Rock Radiology or the patient's health insurer has been billed, the patient may still receive the discount on his/her share charges.

### **Employee Courtesy Discount**

Upon request, Red Rock Radiology will offer a discount to all Red Rock Radiology employees and their immediate families. The discount will be 100% of patient responsibility if no other policies apply (e.g. hardship, self-pay, etc.) This excludes patients with government plans (previously defined).

### **Payment Plan**

Upon request. Red Rock Radiology will offer a payment plan option. The minimum monthly payment is 525. Payment plan maximum duration would be six months. The use of a payment plan negates any discount of other policies.



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**INCOME CRITERIA BASED ON 2022 FEDERAL POVERTY GUIDELINES (FPG)**

FAMILY SIZE •	Patient Pays 0%	Patient Pays 20%	Patient Pays 30%
	I-Plan 911 Income<200%	I-Plan 973 Income<250%	I-Plan 976 Income<300%
1	25,142	30,578	44,168
2	33,871	41,198	59,508
3	42,606	51,818	74,848
4	51,338	62,438	90,188
5	60,070	73,058	105,528
6	68,802	83,678	120,868
7	77,543	94,298	136,208
8	86,266	104,918	151,548

