

Public Health – Seattle & King County
CHS & Prevention Divisions / Public Health Centers
General Fee Collection/Billing Guidelines

❖ Services will not be denied to any client because of the client’s inability to pay assessed fees.

INSURANCE BILLING: Third party coverage plans (Medicaid, Medicare, Family Planning Only, etc.) will be billed with certain restrictions on commercial insurance, see Public Health-Seattle King County Insurance Coverage Policy.

Exceptions to insurance billing:

- Confidential services- clients requesting insurance correspondence not be sent to home
- Certain types of non-covered services, such as Sports Physicals (see Medicaid Waiver)

DISCOUNT FEE STRUCTURES: Public Health - Seattle & King County utilizes two discount fee structures: Tiered fixed fee (or Flat Fee) and Sliding Fee Scale. Discounts are based on the Federal Poverty Level (FPL) as determined by the client’s household size and income (see “Family Size and Household Income Guidelines”). FPL is updated semi-annually and is self-reported. Pharmacy fees are discounted to a flat rate per each prescription, as referenced in the PHSKC Pharmacy Fees Policies and Procedures.

Exceptions to Discount Fee Structures:

Pandemic Fee Collection:

- Effective 4/1/23, Public Health Seattle King County (PHSKC) will begin to collect any self-pay fees for telehealth visits (audio and video or audio-only). Fees will be calculated per PHSKC current discount fee schedule based on program.

Partial discounts to Dental lab fees:

- Dental lab fees - Lab costs are covered by the patient prior to receiving the denture or partial. Clinic visit charges are not assessed concurrently (that is, lab fees override any other charges for that visit).

Discounts do not apply for the following situations:

- Civil Surgeon exams are full fee if they fall outside of the timeframe set by the Refugee Health program.
- Clients receiving services and experiencing hardships will have all fees waived on a case-by-case basis, please refer to the PHSKC Fee Policy.
- Client is seen by a provider for a non-billable visit (no charge is assessed for non-billable service).

FEE COLLECTION: Patient fees are collected at check-out. PHSKC does not mail patient statements for self-pay clients; however past due patient balance collection efforts are made at every in-person visit. At check out, patients are asked how much they can pay for today’s balance and past due balances.

No client is denied service due to inability to pay. Patients may request to have fees waived due to hardship (PH Fee Policy).

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1. Tiered Fixed Fee Structures (Flat Fees)

The discount fee structure utilized by the Primary Care, Family Planning (non-DOH SRH Program), and Dental clinics consists of a tiered fixed fee amount. The flat fee specified charge is assessed in five tiers; discounts applied in four of the five tiers through 200% FPL as designated by Pay Tier categories “Flat Fee A” through “Flat Fee D” according to the following table:

Tiered Fixed Fee Structure: Primary Care, Family Planning, & Dental Clinics

Pay Tier	Flat Fee A	Flat Fee B	Flat Fee C	Flat Fee D	Full Fee E
	“Nominal fee”				
FPL	0-100%	101-125%	126-150%	151-200%	>201%
Primary Care/Non-Title X Family Planning	\$20*	\$30	\$40	\$50	No Discount
Dental	\$25*	\$35	\$45	\$65	No Discount

***NOMINAL FEE:** A nominal fee of \$20 is assessed for Pay Scale Flat Fee “A” self-pay clients receiving Primary Care or Sexual Health Clinic Program services. A nominal fee of \$25 is assessed for Pay Scale Flat Fee “A” self-pay clients receiving Dental Services.

Exceptions to Nominal Fee: The following are exempt from minimum fee assessment:

- Clients experiencing a hardship will have this fee waived.

2. Sliding Fee Scale-

The discount fee structure utilized by the Family Planning, School-Based Health Center and Sexual Health clinics consists of a percentage discount of total fees for services rendered. The discount percentage is offered based on FPL and is assessed by designated Pay Status categories “A” through “D” according to the following table:

SLIDING FEE SCALE: DOH SRP Program Area

Pay Status	% of FPL	Slide amount
A clients	0-100%	0% (or 100% discount)
B clients	101-150%	25% (or 75% discount)
C clients	151-200%	50% (or 50% discount)
D clients	201-250%	75% (or 25% discount)
E clients	251% or more	100% (no discount)

SLIDING FEE SCALE Sexual Health Clinic \$15 minimum fee for lab visits

Pay Status	% of FPL	Slide amount
A clients	0-100%	0% (or 100% discount)
B clients	101-125%	25% (or 75% discount)
C clients	126-150%	50% (or 50% discount)
D clients	150-200%	75% (or 25% discount)
E clients	251% or more	100% (no discount)

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MEDICARE ABN: If a client with Medicare Type B coverage is receiving a service that Medicare may cover under certain circumstances but is not expected to be covered for the current visit, the client must sign a Medicare ABN (“Advance Beneficiary Notification of Non-coverage” CMS R-131) form. With a signed form, services will revert to guarantor responsibility and any associated fees will be discounted based on the client’s FPL.

- ABN is not required for Dental services or MSS/ICM services.

MEDICAID WAIVER: If a DSHS client is receiving a service that DSHS does not pay for, the client must sign a DSHS 13-879 form “Agreement to Pay for Healthcare Services” (formerly known as “Medical Assistance Waiver”) prior to receiving the service. With a signed form, services will revert to guarantor responsibility and any associated fees will be discounted based on the client’s FPL.

Exceptions to Medicaid Waiver: A signed DSHS 13-879 form is not required for:

- Family Planning Only clients receiving services that are not within the scope of the client’s benefit package.
- A DSHS-contracted Managed Care (MC) enrollee receiving nonemergency service(s) from providers outside of the MC network without authorization from the MC organization
- DSHS clients paying a spend-down.