

ABILITY TO PAY – FEE ACTION REQUEST DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE/MyAVATAR SFN 196 (3-2024)

Completed by Initiator of Request

Client Name	Client ID	Human Service Center		
Check the appropriate box(es) below:				
% discount (10% increments only): Date of Service Fr	om: thru			
NOTE: Date thru not to exceed 12 months or lapse date of th		iever is sooner).		
Other (specify):	Review inmonths (not to	exceed 12 months)		
dditional Discount Type (choose only one): *Financial Hardships: Monthly Income and Expenses must be				
Administrative Decision	completed for all Financial Hardships.			
Financial Hardship * Complete Income and Expenses	MONTHLY INCOME	MONTHLY EXPENSES		
Protective Services				
(List specific services below)	TOTAL	TOTAL		
Describe the uniqueness of the client's situation (please be specifi				
Impact on client if not approved:				
For Business Office Use Only				

Discount Percentage:			Effective Date	
	Original	Additional	Final	
Comments				

Initiator of Request	Date
Unit Supervisor	Date
Regional HSC Fiscal Manager	Date
Regional Director	Date
MyAvatar Accounts Receivables Specialist	Date

FEE WAIVER DEFINITIONS

Financial Hardship

Disaster strikes family; family loses their home; medical expenses far exceeds the allowed deduction due to terminal other severe illness; or both wage earners have lost their jobs recently and cannot pay for prior fees. (Future fees would be reflective of their new financial condition based on new income verification work.)

Administrative Decision

An error on behalf of department staff Clinic Operations Director has arrived at an arrangement with client based on client disturbances or constant complaints.

Protective Services

Used in accordance with Section 207-05-20-01.

All Fee Waivers will be reported to the Legislative Audit and Fiscal Review Committee (LAFRC) with the exception of Protective Service category.