ABILITY TO PAY – FEE ACTION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FISCAL ADMINISTRATION/ROAP
SFN 196 (10-2016)

Clear Fields

Completed by Initiator of Request

Client Name	Client ID	Human Service Center

Please check the appropriate box(es) below:

☐ ____ % discount (10% increments only): Date of Service From _____ Thru _____
NOTE: Date thru not to exceed 12 months or lapse date of the current private pay layer (whichever is sooner).

☐ Medical Assistance Recipient Liability: Date of Service From _____ Thru _____
☐ Medical Assistance Copay: Date of Service From _____ Thru _____
☐ Medicare Deductible/Coinsurance: Date of Service From _____ Thru _____
☐ Medicaid Expansion Copay: Date of Service From _____ Thru _____
☐ Title XIX Extenuating Circumstance: Date of Service From _____ Thru _____
☐ Do NOT send to collections -- Review in ____ months (not to exceed 3 months)
☐ Do NOT send statements -- Review in ____ months (not to exceed 3 months)
☐ Other (specify): _____ -- Review in ____months (not to exceed 12 months)

Additional Discount Type (choose only one):

☐ Administrative Decision
☐ Counter Therapeutic
☐ Financial Hardship
* Complete Income and Expenses
☐ Protective Services
(List specific services below)

***Financial Hardships: Monthly Income and Expenses must be completed for all Financial Hardships.**

MONTHLY INCOME	MONTHLY EXPENSES
TOTAL	TOTAL

Describe the uniqueness of the client's situation (please be specific): (You may attach additional sheets if necessary)

Impact on client if not approved:

For Business Office Use Only

Discount %: Original _____ Additional _____ Final _____	Effective Date
Comments:	

Initiator of Request:	Date:
Unit Supervisor:	Date:
Regional HSC Fiscal Manager:	Date:
Regional Director:	Date:
ROAP Receivables Specialist:	Input 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.)

Counter Therapeutic
Client needs the treatment as a safety concern for society or themselves and billings would prevent them from continuing services; in the case of a spouse seeking counseling for abuse and feels the bill will increase the abuse if abuser sees notification of seeking treatment.

Administrative Decision
An error on behalf of Center staff grossly misinforming client of financial responsibility; client's insurance requires preauthorization and our clinical staff do not respond in a timely manner to renew the authorization (both Center fault); Regional 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.