

## RVPCS SFDP APPROVAL LETTER

This verifies approval of \_\_\_\_\_  
Last Name
First Name
MI
DOB

For discounted services through the clinics sliding fee program. Applicant is qualified as Level \_\_\_\_\_

Service/ Class	% of FPG	Nominal Fee/Co-Pay	Nominal Fee/Co-Pay	Nominal Fee/Co-Pay
		Medical/Behavioral	Lab Only Visit (In House)	Dental
A	Below 100%	\$20	\$0	50%
B	101% to 125%	\$25	\$5	40%
C	126% to 150%	\$35	\$8	35%
D	151% to 175%	\$45	\$10	30%
E	176% to 200%	\$50	\$12	25%

Eligibility period is from \_\_\_\_\_ to \_\_\_\_\_.

Co-pays are payable on the date of service. Non-discounted medical services include lab work sent to an outside reference lab, referrals for specialized x-rays or diagnostic services, emergency room services, hospitalizations, and those services deemed medically unnecessary by the provider staff. **You will be responsible for charges incurred for services not available on site.** Non-covered dental services include crowns, bridges, and dentures. Prepaid arrangements may be available after consultation with the dentist.

**Household members approved for this period:**

\_\_\_\_\_  
 Relationship                      Last Name                      First Name                      MI                      DOB                      Insurance

\_\_\_\_\_  
 Relationship                      Last Name                      First Name                      MI                      DOB                      Insurance

\_\_\_\_\_  
 Relationship                      Last Name                      First Name                      MI                      DOB                      Insurance

\_\_\_\_\_  
 Relationship                      Last Name                      First Name                      MI                      DOB                      Insurance

\_\_\_\_\_  
 Relationship                      Last Name                      First Name                      MI                      DOB                      Insurance

I have been fully informed and understand the discount fee program of RVPCS. I further understand my financial responsibility under this program for services provided to me and other qualified household members.

\_\_\_\_\_  
Applicant's Signature
Date

Office Use Only:                      v.05/2019                      Insurance \_\_\_\_\_                      Approved by: \_\_\_\_\_

- 9755 W. State Hwy. 22, P.O. Box 130, Ratcliff, AR 72951 ♦ Phone (479) 431-2050 ♦ Fax (479) 431-2051
- 4900 Kelley Highway, Fort Smith, AR 72904 ♦ Phone (479) 785-5700 ♦ Fax (479) 785-5708
- 3202 North 6<sup>th</sup> Street, Fort Smith, AR 72904 ♦ Phone (479) 783-3900 ♦ Fax (479) 783-3905
- 9616 Rogers Avenue, Fort Smith, AR 72903 ♦ Phone (479) 434-4747 ♦ Fax (479) 434-5561
- 421 North Main Street, Mulberry, AR 72947 ♦ Phone (479) 997-1484 ♦ Fax (479) 997-1494
- 4 Hwy 71, Mountainburg, AR 72946 ♦ Phone (479) 369-2091 ♦ Fax (479) 369-4119
- 635 Childers Street, Lamar, AR, 72846 ♦ Phone (479) 668-4881 ♦ Fax (479) 668-4909
- 2074 Rice Road, Waldron, AR 72958 ♦ Phone (479) 668-4700 ♦ Fax (479) 668-0200
- 708 West Main Street, Clarksville, AR 72830 ♦ Phone (479) 668-3282 ♦ Fax (479) 668-3284