# **Instructions**:

To be considered for a fee reduction for service(s) provided at Valley Community Services Board if you have no medical insurance or are receiving services that are not covered by your insurance, you must first apply for Virginia Medicaid, show proof that your income exceeds the limits for eligibility, or present a Medicaid denial dated within the past six months. You will also need to complete this VCSB fee reduction application. This should be completed by the person(s) responsible for the charges. See definition below.

Once the application is completed you will have 14 days to submit all supporting documentation. You must provide all requested documentation, or you will be assessed at full fee regardless of household income until such time as the verification is provided.

Please complete the form and return it as directed by VCSB staff with the appropriate documents. VCSB can assist you in making copies of your originals.

**Lab work and Urine Drug Screens do not participate in the Fee Reduction and are billed at full fee.**

**No reduction can be applied for the amounts your insurance company indicates are your responsibility to include deductibles, coinsurance, and copayments.**

# **Definitions**:

**Household**: Refers to client, client's spouse, and any children under the age of 18. If the client is an unmarried minor under the age of 18, the client’s parents or legal guardians’ income would be part of the household income.

**Responsible parties**: Client, Client’s spouse, and/or the Client’s parents, if the client is an unmarried minor under the age of 18.

Special considerations:

* Child of divorced parents – Both parents are legally liable for payment. However, the fee percentage will be established based on the income of the parent who brings the child in for services and the bill will be mailed to the same parent. The social security numbers of both parents must be provided.
* Parents who have legally terminated parental rights – Not liable for services received by the client after the date of termination.
* Divorced consumers – Spouse is not liable for services received by the client after date of final judgment in a divorce action. However, the spouse is liable for services received by client during the period of the marriage.
* Services received by spouse prior to marriage – Spouse is not liable for services provided to client prior to marriage.
* Unmarried consumers aged 18 and older – Considered a single person family; however, VCSB will bill any applicable third-party benefits under which a parent may insure a child over the age of 17.
* Minors – Any minor who seeks services but does not wish to divulge this information to their parents and/or legal guardians will have the right to do so. In addition, all financial information and/or third-party resources will have to be considered solely on that available directly to the minor.

Helpful tools

Federal Poverty Level is what is used to determine your eligibility for a fee-based reduction. Reductions are applied to incomes that are 200% above the federal poverty level or less. The chart below shows the income level and household size that VCSB will use to determine the amount of discount that will be applied to applicable services. Please note that the minimum amount that a client will be responsible for is $10/service.

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| **VCSB Fee Reduction Schedule** | | | | | | | | |
| **Your cost share based on household size** | | | | | | | | |
| **Monthly Income** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| $1,216 | $10 | $10 | $10 | $10 | $10 | $10 | $10 | $10 |
| $1,643 | 10% | $10 | $10 | $10 | $10 | $10 | $10 | $10 |
| $2,072 | 20% | 10% | 10% | 10% | 10% | 10% | 10% | 10% |
| $2,500 | 30% | 20% | 20% | 20% | 20% | 20% | 20% | 20% |
| $2,928 | 40% | 30% | 30% | 30% | 30% | 30% | 30% | 30% |
| $3,357 | 50% | 40% | 40% | 40% | 40% | 40% | 40% | 40% |
| $3,785 | 60% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| $4,213 | 70% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| $4,663 | 80% | 70% | 70% | 70% | 70% | 70% | 70% | 70% |
| $5,133 | 90% | 80% | 80% | 80% | 80% | 80% | 80% | 80% |
|  |  |  |  |  |  |  |  |  |
| \*\*For each additional person in household add $450 to the monthly income | | | | | | |  |  |

**To obtain additional information related to Medicaid eligibility or coverage please see below contact information:**

* Apply online at [**commonhelp.virginia.gov**](https://commonhelp.virginia.gov/).
* Call the Cover Virginia Call Center Monday through Friday, 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m. at **833-5CALLVA** (**TDD: 1-888-221-1590**).
* Apply online at the Health Insurance Marketplace at [**healthcare.gov**](https://www.healthcare.gov/).
* Mail or drop off a paper application to your local Department of Social Services (DSS) ([PDF][**English**](https://coverva.dmas.virginia.gov/media/wk4pxmfz/magi-standard-application-04-01-23-final.pdf)[**application**](https://coverva.dmas.virginia.gov/media/wk4pxmfz/magi-standard-application-04-01-23-final.pdf)[PDF][**Spanish application**](https://coverva.dmas.virginia.gov/media/eekjwvzr/magi-1s-spanish-standard-application-04-01-23-final.pdf)). Mailing may take longer than other ways of applying. To find your local DSS, go to [**dss.virginia.gov/localagency**](https://www.dss.virginia.gov/localagency/index.cgi).