

## OVERVIEW

The Colorado Center for Pain & Wellness (COCPW) offers Financial Assistance to reduce the cost of our healthcare services for all patients who qualify for the Sliding Fee Discount Program based on household income and family size, or the Charity Care Discount Program under extraordinary circumstances.

If you wish to apply for financial assistance, you are encouraged to fill an application, which is available in English and Spanish at each clinic location and on our website. Our staff is committed to helping you with determining what services are eligible for financial assistance and your questions are always welcome. All information is kept confidential.

Financial Assistance is available to all patients, including those with and without insurance, and may be applied retroactively to eligible balances owing for up to 3 months prior to the date of your application if the required supporting documentation is provided. The table below summarizes the fees that are eligible and not eligible for financial assistance.

Fees <u>Eligible</u> for Financial Assistance	Fees <u>Not Eligible</u> for Financial Assistance
<ul style="list-style-type: none"> <li>• Non-covered fees for services received at this clinic including the following (unless otherwise noted as Not Eligible):               <ul style="list-style-type: none"> <li>○ Co-Pays</li> <li>○ Co-Insurance</li> <li>○ Deductibles</li> <li>○ Patient Balances not covered by health insurance</li> </ul> </li> </ul> <p><b>Note:</b> <i>minimum fees may apply for some services.</i></p>	<ul style="list-style-type: none"> <li>• Covered fees for services received at this clinic (i.e. the amounts paid by commercial and non-commercial health insurance, worker's compensation, or letter of protection/personal injury cases)</li> <li>• The cost of some supplies received at this clinic for self paying patients (i.e. procedure supplies)</li> <li>• Services, supplies, or equipment purchased from outside the clinic (ex. laboratory testing, drugs, imaging, etc.)</li> <li>• Fees resulting from no shows, late payments, and overdue balances.</li> </ul>

The **Sliding Fee Discount Program** is based on household income relative to the Federal Poverty Guidelines. Refer to the table below to determine the discount for which you qualify.

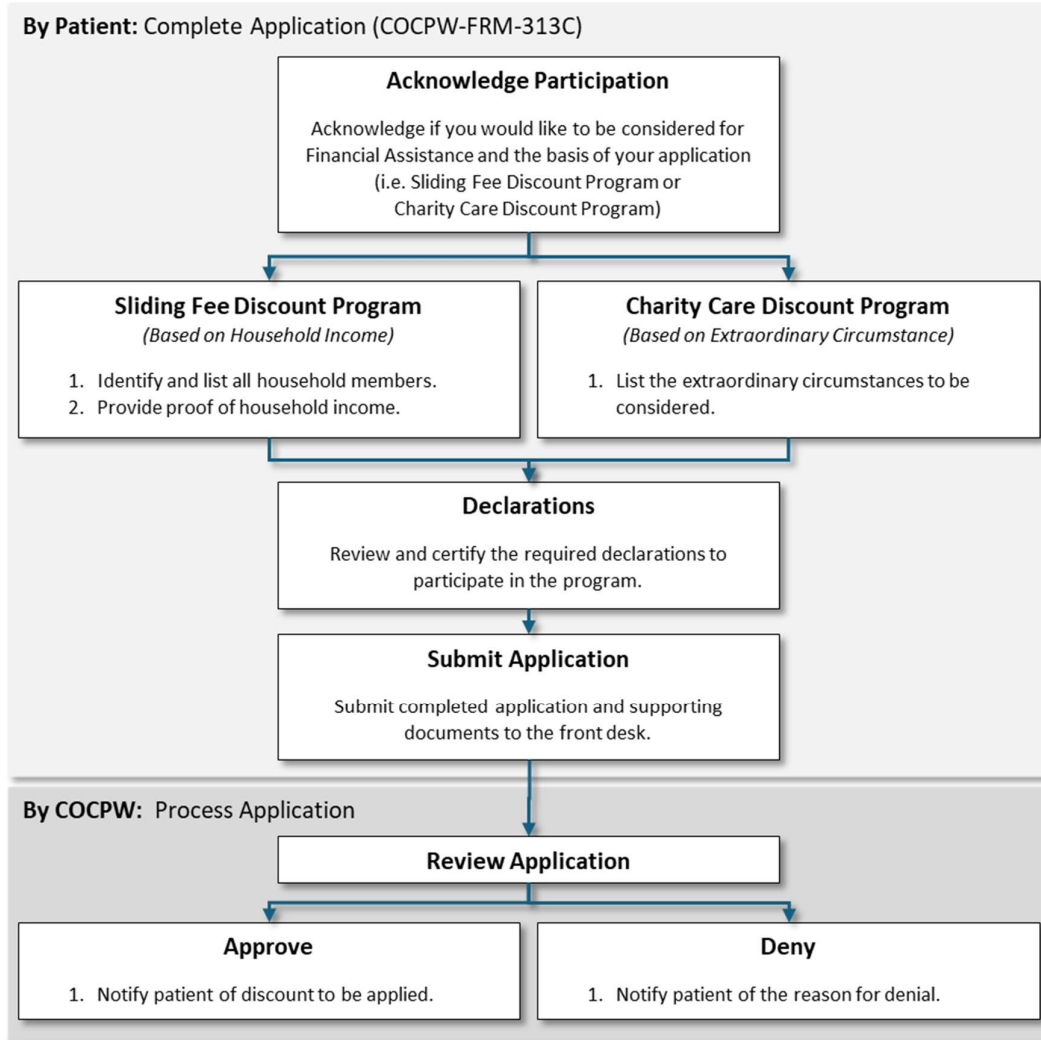
Federal Poverty Level	≤100%	100% to 125%		125% to 175%		175% to 200%		≥200%
Household Annual Income	Less Than	From	To	From	To	From	To	Greater Than
Family Size	100% Discount	75% Discount		50% Discount		25% Discount		0% Discount
1	\$15,650	\$15,650	\$19,563	\$19,564	\$27,388	\$27,389	\$31,300	\$31,300
2	\$21,150	\$21,150	\$26,438	\$26,439	\$37,013	\$37,014	\$42,300	\$42,300
3	\$26,650	\$26,650	\$33,313	\$33,314	\$46,638	\$46,639	\$53,300	\$53,300
4	\$32,150	\$32,150	\$40,188	\$40,189	\$56,263	\$56,264	\$64,300	\$64,300
5	\$37,650	\$37,650	\$47,063	\$47,064	\$65,888	\$65,889	\$75,300	\$75,300
6	\$43,150	\$43,150	\$53,938	\$53,939	\$75,513	\$75,514	\$86,300	\$86,300
7	\$48,650	\$48,650	\$60,813	\$60,814	\$85,138	\$85,139	\$97,300	\$97,300
8	\$54,150	\$54,150	\$67,688	\$67,689	\$94,763	\$94,764	\$108,300	\$108,300
<i>For each additional person, add:</i>	\$5,500	\$6,875		\$9,625		\$11,000		\$11,000

*\*Based on 2025 Federal Poverty Guidelines for Family Size and Income.*

The **Charity Care Discount Program** is considered for extraordinary circumstances at the sole discretion of the COCPW Financial Assistance Committee. These circumstances may include, but are not limited to recent loss of employment, death in the family, physical disability, mental illness, and/or financial hardship.

## APPLICATION PROCESS

To determine if you or members of your family are eligible for financial assistance, please follow the steps below and submit your completed application to the front desk. Application forms are available in English and Spanish at each clinic location and on our website ([cocpw.org](http://cocpw.org)).



Please note the following:

- You must complete this form every 12 months or if your financial situation changes.
- You will be charged the full cost of services rendered until your application for financial assistance is approved.
- If it is determined that you do not qualify for Financial Assistance you will be responsible for all charges not covered by insurance.
- If it is determined that you qualify for Financial Assistance, the resulting discount may be applied retroactively to balances owing for up to 3 months prior to the date of your application. A credit will be given if you have overpaid and have no overdue balances owing to COCPW.
- Financial Assistance is conditioned upon your continued cooperation in the clinic's pursuit of fair reimbursement from your insurer or payer of benefits. Failure to cooperate with such pursuits shall result in forfeiture of financial assistance.