



Southwest Diagnostic Imaging Ltd. Financial Assistance Policy

It is the Financial Assistance Policy of Southwest Diagnostic Imaging Ltd. and its affiliates, Scottsdale Medical Imaging Ltd. and Valley Radiologists Ltd., to render services at a reduced amount to patients who are not able to pay for services and who are not eligible for outside financial aid or government healthcare programs.

Financial Assistance will be available to patients who actively seek, cooperate with and qualify under specific program eligibility requirements. Financial Assistance for elective care will be reviewed on a case-by-case basis.

Financial Assistance is the payor of “last resort” for services provided by Southwest Diagnostic Imaging Ltd. and its affiliates. Assistance determination is made based on the parent’s or responsible party’s net income (after medical expenses), number of members in the household, and net worth.

A consistent sliding discount scale for patient liability will be applied after assessing patient financial need. The monthly income limit for most Arizona programs is 100% of the Federal Poverty Level (FPL). Refer to the Financial Qualification Scale policy for details.

The ranges displayed below will serve as a guide in offering Financial Assistance:

- 100% discount for a monthly income limit that is 100% of the Federal Poverty Level
- 80% discount for a monthly income limit that is 125% of the Federal Poverty Level
- 60% discount for a monthly income limit that is 150% of the Federal Poverty Level
- 40% discount for a monthly income limit that is 175% of the Federal Poverty Level
- 20% discount for a monthly income limit that is 200% of the Federal Poverty Level

NOTE: Charity write-off requests which exceed a monthly income of 200% of the Federal Poverty Level may require further approval



**Southwest Diagnostic Imaging Ltd.
Financial Qualification Scale**

Based on 2010 Federal Poverty Guidelines

Family Size	100% Discount *		80% Discount		60% Discount		40% Discount		20% Discount	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	0	10,830	10,831	13,538	13,539	16,245	16,246	18,953	18,954	21,660
2	0	14,570	14,571	18,213	18,214	21,855	21,856	25,498	25,499	29,140
3	0	18,310	18,311	22,888	22,889	27,465	27,466	32,043	32,044	36,620
4	0	22,050	22,051	27,563	27,564	33,075	33,076	38,588	38,589	44,100
5	0	25,790	25,791	32,238	32,239	38,685	38,686	45,133	45,134	51,580
6	0	29,530	29,531	36,913	36,914	44,295	44,296	51,678	51,679	59,060
7	0	33,270	33,271	41,588	41,589	49,905	49,906	58,223	58,224	66,540
8	0	37,010	37,011	46,263	46,264	55,515	55,516	64,768	64,769	74,020
% of Poverty	100%		125%		150%		175%		200%	
Plan Code	904		903		902		901		900	

For Family Units with more than 8 members, for each additional member add \$3,740.

Patients under 100% FPL may be charged an administrative fee up to \$25

(Laboratory, X-ray, and other Diagnostic Services are charged separately from the office visit charge)