

# ETSU COE RYAN WHITE PROGRAM

## PART C CAP ON CHARGES

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### RYAN WHITE ANNUAL PAYMENT CAP CALCULATION

The ETSU (East Tennessee State University) HIV/AIDS Center of Excellence (ETSU COE) program is partially funded through a grant from the Ryan White Care Act. As a recipient of Ryan White Part C funding, ETSU COE will not charge Ryan White Part C-eligible patients for services if health care costs exceed an annual payment cap. This cap is a percentage of your annual income and follows the guidelines described in the Ryan White Care Act. The payment cap limits the amount you can be charged **by us** for out-of-pocket medical expenses. Expenses incurred for services not performed by ETSU Health will remain your responsibility.

Use the table below to determine your **Ryan White Annual Payment Cap**.

**Household Annual Gross Income (Before Taxes)      Annual Cap on Charge (% of income)**

0 to \$12,880	0
\$12,881 to \$25,760	5%
\$25,761 to \$38,640	7%
>\$38,641	10%

**Calculate:**

Annual Individual Gross Income (before taxes) \$ \_\_\_\_\_ X \_\_\_\_\_ % = \$ \_\_\_\_\_

Attached is a table to track your out-of-pocket expenses which is a requirement of this benefit. Qualifying expenses include but are not limited to the following: physician office visits, mental health and substance abuse counseling, dental care, ophthalmology care, dermatology care, prescriptions, medical insurance premiums and co-pays, and over-the-counter medications. Charges can occur on-site at ETSU Health or through other medical providers.

If you reach your Payment Cap or have questions, contact your case manager or a Ryan White Case Management Manager at 423-930-8337. ETSU COE will not charge you for any additional services we provide for the rest of the year.

Received by: \_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_

# ETSU COE RYAN WHITE PROGRAM

## PART C CAP ON CHARGES

Revised 06/2023

### OUT-OF-POCKET MEDICAL/DENTAL/PHARMACY EXPENSES

<u>EXPENSE</u> Ex: ETSU COE – Physician Office Visit	<u>TYPE OF EXPENSE</u> Ex: Medical/Dental/Pharmacy	<u>DATE</u> MM/DD/YYYY	<u>AMOUNT</u> Ex: \$19.11
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27.			
28.			
29.			
30.			
<b>TOTAL</b>			<b>\$</b>

(423) 930-8337

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