

SLIDING FEE DISCOUNT PROGRAM

You may qualify for a discount on our normal charges.

The discount is based on:

1. Income in your household, and
2. The number of people who live in your household

You must provide proof of income to be eligible for a discount.

Please read ANHC's definitions for income and household size on the next page.

If the income or number of people in your household change, you must update your information for the sliding fee discount. You must update your Information every 12 months to remain eligible for a discount, even if your information has not changed.

If you provide false information, you will not be eligible for the sliding fee discount program.

The Sliding Fee Discount Application is subject to independent verification by the ANHC Finance Office, which may result in a determination that is different than the one provided on the current date.

If you do not have proof of income for everyone in your household at the time of your visit, we will ask you to complete a temporary self-declaration of income. This temporary discount status is valid for 30 days. You must bring proof of household income within 30 days for a discount to be valid for a full year. You can only use the temporary self-declaration once in a year.

What counts as income?

Income is the gross income of all household members.

Income includes, but is not limited to: salary, wages, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trust fund income, alimony, Alaska Permanent Fund Dividend, assistance from friends or family members, and other miscellaneous sources.

Proof of income

- Pay check stubs for one month.
- Agency Letter -- A letter from the Social Security Administration, Medicaid, Social Service Agency (i.e. Food Stamps, Alaska Housing), or Veterans Administration stating income level.
- Unemployment Verification -- Paperwork proving unemployment status and the amount of unemployment compensation being received.
- Court Documents -- Official documents stating alimony amount as awarded by a judge.
- Official Paperwork -- Paperwork documenting retirement, disability, SSI benefits.
- Employer Letter -- For those who do not have a recent pay check stub, a letter from the employer detailing current gross income and frequency of pay periods may be accepted. Contact information must be provided so information can be verified.
- Income Tax Return -- A signed copy of the most recent tax return showing Adjusted Gross Income and supporting schedules for business income and/or investments.
- If you are Unemployed, and/or do not have any source of verifiable income, please complete the "Self-Declaration of Income" and explain your current situation.

Who counts as part of my household?

Household members include but are not limited to the following definitions:

- All members of a household who are related and/or sharing resources are counted as one household.
 - Adult children living in parents' household are counted as one household if they are less than 19 years old, or 19 and older but still claimed as a dependent on their parents' tax return.
 - Adult children 19 and older who are not claimed as a dependent on the parents' tax return are considered a separated household.
- Unrelated members of a household who support each other financially, or share resources are considered one household (i.e. living as married/cohabitation).
- Family members living in the same household on a **temporary** basis due to a hardship and are receiving room and board are considered a separate household.
- Unrelated members of a household who do not share income are considered separate households.

If the income or number of people in your household change, you must update your information for the sliding fee discount. You must update your Information every 12 months to remain eligible for a discount, even if your information has not changed.



SLIDING FEE SCALE DISCOUNTS

Household Size	Federal Poverty Level				
	A ≤100%	B 101% - 133%	C 134% - 166%	D 167% - 200%	> 200%
1	\$16,990	\$16,991 - \$22,597	\$22,598 - \$28,204	\$28,205 - \$33,980	\$33,981
2	\$22,890	\$22,891 - \$30,444	\$30,445 - \$37,998	\$37,999 - \$45,780	\$45,781
3	\$28,790	\$28,791 - \$38,291	\$38,292 - \$47,792	\$47,793 - \$57,580	\$57,581
4	\$34,690	\$34,691 - \$46,138	\$46,139 - \$57,586	\$57,587 - \$69,380	\$69,381
Example of Charges					
Category	A (Nominal) ≤100%	B 101% - 133%	C 134% - 166%	D 167% - 200%	> 200%
Medical	\$20	\$30	\$40	\$50	No discount, charges depend on type of visit
Behavioral	\$5	\$10	\$15	\$20	
Nutrition	\$5	\$10	\$15	\$20	
Dental visit A	\$40	\$50	\$70	\$80	
Dental visit B	\$85	\$110	\$140	\$175	
Lab Visit	\$15	\$30	\$45	\$60	
X-ray Visit	\$20	\$40	\$60	\$80	

Updated 01/18/2022

Dental supplies and lab costs are charged in addition to the visit charge.

Examples of dental visits types:

Dental A: Exams, cleanings, extractions, and fillings

Dental B: Crowns, root canals, partials

Pharmacy discounts and charges will vary by medication, please see pharmacy staff for more information.

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SLIDING FEE DISCOUNT APPLICATION

Applicant Information			Office Use Only	
Name:		Date of Birth:	Acct #:	PSR
Mailing Address:		Date Provided		
Preferred Phone Number:		Date Due Back		
Alternate Phone Number:		Date Returned		
Household Member Name (First, Last)	Relationship (Spouse, Child)	Birth Date (MM/DD/YYYY)	Types of Income Received (Check all that apply. Include the PFD if it was garnished.)	
	SELF		<input type="checkbox"/> Job <input type="checkbox"/> PFD <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:	<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:
			<input type="checkbox"/> Job <input type="checkbox"/> PFD <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:	<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:
			<input type="checkbox"/> Job <input type="checkbox"/> PFD <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:	<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:
			<input type="checkbox"/> Job <input type="checkbox"/> PFD <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:	<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:
			<input type="checkbox"/> Job <input type="checkbox"/> PFD <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:	<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:
			<input type="checkbox"/> Job <input type="checkbox"/> PFD <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:	<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:
Please Bring Proof Of Income With This Application Before Your Appointment				
<input type="checkbox"/> Pay Stubs for 1 month <input type="checkbox"/> Letter from Employer w/ average weekly hours and rate of pay <input type="checkbox"/> Unemployment Benefit Letter		<input type="checkbox"/> Food Stamps Benefit Letter <input type="checkbox"/> Alaska Housing Benefit Letter <input type="checkbox"/> Retirement/Pension Statements <input type="checkbox"/> Social Security/Disability/SSI Benefit Letter <input type="checkbox"/> Adult Public Assistance Benefit Letter		<input type="checkbox"/> Rental Income <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Student Tuition Grant

I declare the above information and supporting documentation is true and correct to the best of my belief and knowledge. I understand it is my responsibility to inform ANHC of any changes to my income that may affect my eligibility for sliding fee discounts or for participation in discount drug programs. I understand that if I falsify any information to fraudulently receive services, including but not limited to medical, dental, lab, x-ray or prescription drug benefit programs, my participation will be revoked and I will be responsible for 100% of the usual and customary charges of ANHC.

Signature of Applicant _____ Date _____

[Office Use Only] Date Scanned: _____

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