Yakutat Community Health Center
Sliding Fee Application

Sliding fee scale is offered to our patients that fit the Federal Income Guidelines and offers discounted pricing of certain services here at the clinic. Unfortunately, we cannot offer the discounts on the following services: Medication dispensing fee and any labs that are performed by Quest or SEARHC.

To be completed by the Head of Household (Responsible Party):

Full Name: ____ Date of Birth: __________________

Physical Address: ____________________________ City: _____________ State/Zip: _________

Mailing Address: _____________________________ City: _____________ State/Zip: _________

Social Security #: _______________ Home Phone: ____________ Work Phone: _____________

Are you or any other household members covered by health insurance or Medicare? Yes No

Please list all members and coverage information:

____

____

If eligible, all members in your house will be able to utilize the sliding fee scale. Please list all members living in the household:

Name: *(First, MI, Last Name only if different)*	Date of Birth	Relationship
	/ /	Self
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Please list all household members who are currently employed:

Name of Person Employed:	Employer Name	Gross Income *(Before Deductions)*

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If you have no income, how are you meeting your financial obligations?

____

____

Please list all other sources of income received by any household members:

Social Security Benefits:	SSDI:
SSI:	Unemployment:
Child Support:	Alimony:
Retirement:	Other *(Specify)*:
AK Permanent Fund	
GRAND TOTAL FOR ALL INCOME	$

NOTE: To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income on a yearly basis.

Certification Statement:

I certify that the statements regarding the persons and income in my household are true and correct to the best of my knowledge. I further understand if any information is found to be inaccurate, I may be denied a discount and/or subject to legal action for knowingly providing false information. By signing below, I agree that Yakutat Community Health Center may contact each employer of all persons working in the above mentioned household and/or may contact various agencies to verify source of income. I agree to notify Yakutat Community Health Center of all changes in income, address, living arrangements, number of household members, and/or other circumstances. Within 30 days, I will provide Yakutat Community Health Center with a copy of requested information.

I authorize all government agencies, employers, and any companies or agencies or person listed herein to provide information about me to the Yakutat Community Health Center. I also authorize Yakutat Community Health Center to disclose this information to other healthcare providers as necessary to qualify me for affiliated discount programs.

I understand that the information given about me will be kept confidential except for the purposes noted above and will not be released without written permission. I also understand that if I do not agree with any decision made concerning this application, I have the right to ask in writing for a review by the Finance Director.

Signature: ____ Date: __________________________

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<u>YCHC Use Only:</u>
Verification of Information for Sliding Scale Discount

Patient Name(s): ____

Patient Account #(s): ____

The above patient provided documentation of family size and income on ____________________.
Date

Documentation Provided:

______ Tax Return ______ Pay Stubs/Employer Verification

______ Circumstance Verification ______ Other Documents

Patient is eligible for the following discount:

______ Not Eligible ______ 25% Discount *(Nominal Fee $150.00)*

______ 50% Discount *(Nominal Fee $100.00)* ______ 75% Discount *(Nominal Fee $50.00)*

______ 100% Discount *(Nominal Fee $20.00)*

This information has been reviewed by:

___________________________________ ________________________
Yakutat CHC Employee Date