

# Sliding Fee Discount Application



For Office Use Only				
Account number(s)				
Date provided	Date due back	Date returned	Date scanned	Staff member
Approved for:				
<input type="checkbox"/> 30 days (pending documentation) <input type="checkbox"/> 6 months (self-declaration) <input type="checkbox"/> 1 year (fully documented)				
Notes				

Applicant Information	
Name of responsible party (first and last)	Date of birth
Home phone number	Cell phone number
Mailing Address: PO box or street	Mailing address: city, state, zip code
Do you have any of the following types of insurance? Check all that apply.	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Denali KidCare <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Cigna <input type="checkbox"/> Aetna <input type="checkbox"/> TRICARE <input type="checkbox"/> I don't have insurance. <input type="checkbox"/> Other insurance:	

Health Insurance Enrollment Assistance	
<b>ANHC offers free assistance with Affordable Care enrollment.</b> Would you like to meet with our Certified Application Counselors to determine your eligibility for Medicaid or other low-cost health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proof of Income Information	
Are you currently receiving income from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have documents with you today that provide proof of your current household income? *If yes, skip to the <b>Household Information</b> section on page 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 30 days from today, will you be able to provide documents that can provide proof of your current household income?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are not currently receiving any income, how do you meet your living expenses? Please provide examples.

Household Information		
How many people are in your household? (Include children and those with no income.)		
Household Member #1		
Name	Relationship to you	Date of birth
	Self	
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance		
<input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		
Household Member #2		
Name	Relationship to you	Date of birth
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance		
<input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		
Household Member #3		
Name	Relationship to you	Date of birth
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance		
<input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		
Household Member #4 (See page 3 for space to add more household members.)		
Name	Relationship to you	Date of birth
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance		
<input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		
Signature		
<p><b>I declare that the above information and supporting documents are true and correct to the best of my belief and knowledge.</b> 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 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. I understand that payment for services provided by ANHC is due at the time of service. <b>I understand that ANHC staff may verify the information in this form.</b></p>		
Signature		Today's date

# Additional Household Information



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Account number(s)

Additional Household Information		
Household Member #5		
Name	Relationship to you	Date of birth
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		
Household Member #6		
Name	Relationship to you	Date of birth
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		
Household Member #7		
Name	Relationship to you	Date of birth
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		
Household Member #8		
Name	Relationship to you	Date of birth
Source(s) of income (Check all that apply.)		Total annual income
<input type="checkbox"/> Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> Unemployed (no income) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> PFD (do not include if garnished for child support) <input type="checkbox"/> Other (please explain):		