# **Sliding Fee Discount Information**



# **About the Sliding Fee Discount Program**

ANHC's Sliding Fee Discount Program reduces the cost of health care for eligible patients. Your eligibility for the program and the amount of your discount are based on:

- Household size
- Annual income

All patients are encouraged to apply, even if you have health insurance, including Medicaid. Medicaid does not pay for all services. *If you have insurance* and are eligible for the sliding fee discount, your discount will apply to charges that your insurance does not pay. *If you do not have insurance* and are eligible for the sliding fee discount, your discount will apply to all the costs of care you receive at ANHC.

# When to Reapply for the Sliding Fee Discount

#### **Complete a new Sliding Fee Discount Application:**

- After a change in your household size or annual income.
- **Before your discount expires.** Your sliding fee discount is only valid for one year (if you submitted documentation) or six months (if you completed a self-declaration).

### Services Eligible for the Sliding Fee Discount

The sliding fee discount applies to all services provided directly by ANHC, including prescription medications from ANHC's pharmacy.

# Services That May Not Be Eligible for the Sliding Fee Discount

Your sliding fee discount may not apply to services you receive from outside providers or clinics.

Lab specimens processed by an outside lab: Your sliding fee discount may not apply to the fee to process specimens at an outside lab (for example, Labcorp or Quest Diagnostics) even if the sample was taken at ANHC. The outside lab will bill you directly.

### What is Considered a Household?

A household includes everyone who shares resources and depends on the same income, unless on a temporary basis. Your household members may or may not be related to you. They may or may not live with you.

#### These arrangements are considered one household:

- Both related and unrelated individuals who share resources and depend on the same income.
- Both married and unmarried individuals who share resources and depend on the same income.
- An adult child (19 years old and older) who is claimed as a dependent on a parent or guardian's tax return, even if they do not share resources or depend on the same income.

## These arrangements are considered separate households:

- Adult children (individuals 19 years old or older) who are not claimed as a dependent on a parent or guardian's tax return, do not share resources, and do not depend on the same income.
- Anyone (related or unrelated) living together on a temporary basis.

### What is Considered Income?

**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, and Alaska Permanent Fund Dividend.

You must provide proof of all income for everyone in your household. The proof of income must show the pre-tax total.

### What is Considered Proof of Income?

#### Proof of income includes:

- **Income tax return:** Signed copy of your most recent income tax return showing your adjusted gross income and supporting schedules for business income and/or investments.
- Paystubs: One (1) month of pay stubs showing your gross income.
- Bank statements
- **Employer letter:** Letter from your employer on company letterhead stating your average hours per week and rate of pay. (Acceptable only if you do not have a recent pay stub. You must also provide employer contact information.)
- Self-employment ledger or documentation of income and expenses
- **Unemployment benefits letter:** Paperwork proving unemployment status and the amount of unemployment compensation you receive.
- Workers' compensation benefits letter
- Rental income documentation
- Retirement income statements
- Social Security Income statements
- Benefits verification letter:
  - SSA, SSI, and/or SSDI
  - Adult Public Assistance
  - Disability
  - Medicaid
  - Veterans Administration
  - Social service agency (food stamps, Alaska Housing, etc.)
- Child support: If you pay child support.

**If you are unemployed and/or do not have any source of verifiable income,** please provide an explanation of the circumstances on the <u>Self-Declaration of Income</u> form.

# **Temporary Self-Declaration of Income**

If you do not have proof of income for yourself or for someone else in your household who earns income, you may complete a temporary <u>Self-Declaration of Income</u> form. This temporary discount is valid for 30 days. You must provide proof of household income within 30 days to continue to receive the discount. You may only use the temporary <u>Self-Declaration of Income</u> form **once every twelve months**.

If you are unable to provide proof of income within 30 days, ask an ANHC staff member if a **six-month self-declaration of income** is an option for you.

#### Note

If you provide false information, you will not be eligible for the Sliding Fee Discount Program.

This 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.