SAMPLE SLIDING FEE SCALE

Income guidelines change annually.

Income limits are based upon Federal Poverty Level (FPL) Guidelines for Alaska.

There is no discount if your income is 200% or more above the FPL.

SLIDING FEE DISCOUNT PROGRAM

You Pay	Nominal $20	$50 Max	$100 Max	$150 Max
	Annual Income as Percent of Federal Poverty Levels (FPL)			
Household size	≤ 100%	101- 150%	151- 175%	176-200%
1	≤ $15,060	$22,590	$26,355	$30,120
2	≤ $20,290	$30,435	$35,508	$40,580
3	≤ $25,520	$38,280	$44,660	$51,040
4	≤ $30,750	$46,125	$53,813	$61,500
5	≤ $35,980	$53,970	$62,965	$71,960
6	≤ $41,210	$61,815	$72,118	$82,420
7	≤ $46,440	$69,660	$81,270	$92,880
8	≤ $51,670	$77,505	$90,423	$103,340

ELIGIBILITY

All patients are welcome to apply for the Sliding Fee Discount Program. Not everyone will qualify for a discount. Determination of your discount, if any, depends upon your household size and income.

Patients must submit a new application and provide updated proof of income each year.
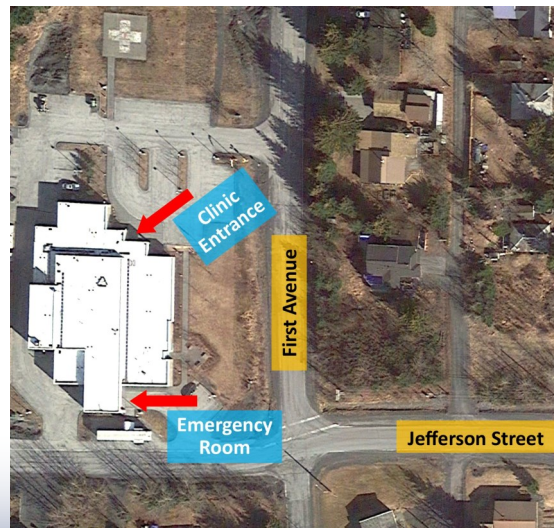
CONTACT US

Seward Community Health Center

417 First Avenue / PO Box 2895

Seward, AK 99664

Monday-Friday, 8:00 am - 6:00 pm

907-224-2273

www.sewardhealthcenter.org

Find us on Facebook

Clinic Entrance

First Avenue

Emergency Room

Jefferson Street

Sliding Fee Discount Program

The Sliding Fee Discount Program is designed to help cover your out-of-pocket expenses for medical care provided by Seward Community Health Center. Patient eligibility is based on household size and income.

SEWARD COMMUNITY HEALTH CENTER

Where your health matters!

907-224-CARE (2273)

www.sewardhealthcenter.org

APPLICATION PROCESS

1. Make an appointment with our Outreach & Enrollment Coordinator.

2. Bring all required documentation to your appointment, including proof of income.

3. Complete and sign the application forms.

4. Your proof of income will be verified within 30 days.

5. If you are determined to meet income requirements, you will be placed in the program and receive a discount on SCHC medical services. Discounts can be applied to your first visit.

Payment for all medical visits, including discounted fees for patients on the slide, are due at the time of service.

TIMELINESS & ACCURACY

Patients are welcome to make appointments at SCHC before their income is verified. However, **if you do not provide acceptable proof of income within 30 days of the date you received medical services from our clinic, you will not receive a discount and will be responsible for 100% of all charges.**

Falsification of this information will result in forfeiture of Sliding Fee Discount Program privileges.

WHAT TO BRING WHEN YOU APPLY

Each year you apply for the Sliding Fee Discount Program or health insurance program, you will need to bring:

- Photo ID

- Social Security numbers for everyone in household

- Birthdates for everyone in household

- Proof of current income

- Worker's Compensation award letter

PROOF OF INCOME EXAMPLES

- Last 3 Paycheck Stubs or Vouchers

- Employment Letter

- Most Recent Income Tax Return

- Unemployment Paperwork

- Court Documents (alimony or child support records)

- Social Security disability or retirement letter

- If you are unemployed or do not have a verifiable source of income, you must complete a form explaining your current situation.

HOUSEHOLD SIZE DEFINED

Determination of your eligibility for the Sliding Fee Discount Program depends upon your household size and income. Your household includes yourself, your spouse or unmarried significant other, and dependents under 18 years old. Special situations apply.

FEES FOR OUTSIDE SERVICES

Your SCHC provider may make referrals for you to get lab tests or radiology exams, or see specialists. These outside services are not provided by SCHC, so you will receive separate bills for them. Our Sliding Fee Discount does not apply to these services. We encourage you to ask your other providers about their payment terms & assistance programs.

To apply for the Sliding Fee Discount Program, make a FREE appointment with our Outreach & Enrollment Coordinator.

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SEWARD COMMUNITY HEALTH CENTER