



Date Received:

# Dahl Memorial Clinic

## Sliding Discount Eligibility Application

As a Federally Qualified Health Center, Dahl Memorial Clinic receives a grant to offer discounts for most services to qualifying patients on a sliding scale. The discount is based on household size and income according to the table below which is updated annually from the US Department of Health and Human Services Federal Poverty Guidelines for Alaska. Anyone may apply for this program. See page 4 of this application for answers to some frequently asked questions about this program.

# in household	And your household income falls in one of the ranges below:				
	Nominal You Pay \$20	You Pay 25%	You Pay 50%	You Pay 75%	You do not qualify
1	\$0 to \$18,210	\$18,211 to \$27,315	\$27,316 to \$31,867	\$31,868 to \$36,420	Above \$36,420
2	\$0 to \$24,640	\$24,641 to \$36,960	\$36,961 to \$43,120	\$43,121 to \$49,280	Above \$49,280
3	\$0 to \$31,070	\$31,071 to \$46,605	\$46,606 to \$54,372	\$54,373 to \$62,140	Above \$62,140
4	\$0 to \$37,500	\$37,501 to \$56,250	\$56,251 to \$65,625	\$65,626 to \$75,000	Above \$75,000
5	\$0 to \$43,930	\$43,931 to \$65,895	\$65,896 to \$76,877	\$76,878 to \$87,860	Above \$87,860
6	\$0 to \$50,360	\$50,361 to \$75,540	\$75,541 to \$88,130	\$88,131 to \$100,720	Above \$100,720
7	\$0 to \$56,790	\$56,791 to \$85,185	\$85,186 to \$99,382	\$99,383 to \$113,580	Above \$113,580
8	\$0 to \$63,220	\$63,221 to \$94,830	\$94,831 to \$110,635	\$110,636 to \$126,440	Above \$126,440
	100% of poverty level	101%-150% of poverty level	151%-175% of poverty level	176%-200% of poverty level	Over 200% of poverty level

For families/households with more than 8 persons, add \$6,430 for each additional person.

Dahl Memorial Clinic requires that you provide information concerning your household and your household's annual gross income. This information is necessary to prove financial need and to provide demographic data to the granting agencies to ensure that we are serving those for whom these benefits are intended. All information that you provide will be kept confidential. Please complete sections I through IV on the following pages.

Section I: Applicant Information		Applicant #:
Name:	Birthdate:	
Address:		
Phone(s):		

<b>Section II: Household</b>						
<p><b>Your household</b> is defined as yourself, spouse and your dependent family or all people in your residence with whom you are pooling resources and therefore would be recognized as a family.            Note: Only the guarantor on a child's account may include the child on his/her application</p>						
Household Member	Age	Birthdate	Relationship	Employed?	Medicaid/Kidcare?	
1.			Self	Y N	Y	N
2.				Y N	Y	N
3.				Y N	Y	N
4.				Y N	Y	N
5.				Y N	Y	N
6.				Y N	Y	N
7.				Y N	Y	N
8.				Y N	Y	N

<b>Section III: Income</b>					
<p><b>Income</b> is defined as wages and salaries <b>before tax</b>, public assistance payments, social security, disability, child support, pensions, annuity payments, the permanent fund, and gross business income.</p> <p><b>Please provide documentation for all sources of income.</b> Documentation most commonly used is:</p> <ul style="list-style-type: none"> <li>✓ Your most recently filed 1040 tax return and attachments</li> <li>✓ Your most recent paystubs (showing 1 month's gross wages)</li> <li>✓ Unemployment Monetary Determination Statement</li> <li>✓ Social Security Benefit Statement</li> </ul>					
<p><input type="checkbox"/> <b>I have provided my prior year 1040 tax return and attachments. No further income information is needed.</b> (Or complete the Income section below.)</p>					
Income Source: (Employer Name, Social Security, Unemployment, PFD, etc.)	Who receives this income?	Start Date (Mo/Year)	End Date (Mo/Year)	Clinic will complete	
				# of months documented	Annual Gross Total
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
Gross Income from all income sources as listed on 1040 and attachments:					\$
<b>Total Annual Gross Income:</b>					\$

## Section IV: Verification of Accuracy

<b>Initials</b>	Please initial next to each statement below that you have read and understand.
	I certify that the information in this application is true and accurate to the best of my knowledge and that submission of false information will automatically disqualify me from this program. I understand that I must notify the clinic as soon as possible and fill out a new Sliding Fee Program Application if my financial circumstances change.
	I understand that it is my responsibility to know the status, effective date, and ending date of my sliding fee and that I can call the clinic to retrieve this information. It is my responsibility to keep in contact with the clinic regarding all sliding fee scale matters, information and processes.
	I understand that I am responsible for paying at least the nominal fee at time of service unless the urgent nature of the visit prevents payment in which case I will contact the clinic as soon as possible to arrange payment. Further, I understand that I must maintain my account in good standing or my participation in the Sliding Scale may be suspended.
	I understand that I must submit this completed application, including all income documentation, within 60 days of my appointment (or within 7 days if unemployed and only eligible for 30 day approval). After this deadline, incomplete applications will be denied without notification from the clinic. I understand that this application is not complete until signed by a Dahl Memorial Clinic representative.

I have applied for other public assistance programs including Medicare, Medicaid, and Veterans Benefits. *This is not required in order to qualify for the sliding fee scale.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

### Clinic will complete

Application Approved Date Approved \_\_\_\_\_ Effective \_\_\_\_\_ Expiration \_\_\_\_\_

Application Declined Reason:  Insufficient documentation  Income limits exceeded  Other-Explain below

\_\_\_\_\_  
Dahl Memorial Clinic Representative 1

\_\_\_\_\_  
Position

\_\_\_\_\_  
Dahl Memorial Clinic Representative 2

\_\_\_\_\_  
Position

**Notes/Supervisor Approval:**

## Frequently Asked Questions about the Sliding Fee Scale

1. **I have health insurance, can I still apply for the sliding scale?** Yes. If you qualify, the discount will be applied to any balance that insurance doesn't cover.
2. **I applied for the sliding fee scale last summer when I was working here. Do I have to do it again this year?** Yes, the sliding fee scale discount is valid for the stated duration of employment (for seasonal workers) or 12 months from the date of the first covered visit (for year-round workers). After this expiration you must reapply even if your financial circumstances haven't changed in order to continue receiving the discount.
3. **I live with my boy/girlfriend. Do they and their income count as part of my "household"?** It depends. Your household is defined as yourself, spouse, and your dependent family or all people in your residence with whom you are pooling resources and therefore would be recognized as a family.
4. **I have roommates for the summer. Are they part of my household?** No, you do not need to include them on your application.
5. **I work 6 months out of the year. How is my income determined for the sliding fee scale?** Income is determined by multiplying your gross monthly wages by the number of months you will be working. Or you can provide your prior year's tax return. Your application will be valid only for the 6 months you are working if you provide paystubs. If you provide your tax return, your discount will be valid for one year.
6. **I am not a US citizen. Can I still apply for the sliding fee scale?** Yes, anyone can apply. We will still need to see proof of your income which will be considered in the US dollar equivalent.
7. **Can I apply for the sliding fee scale AFTER a clinic visit?** Yes, you have 60 days from the date of your first visit to turn in your application (or within 7 days if unemployed and only eligible for a 30 day approval).
8. **What services are covered under the sliding fee scale?** Your office visit, behavioral health visits, physical or occupational therapy, x-rays, ultrasounds and lab tests (that are processed at the clinic), as well as any medications dispensed at the clinic.
9. **Are dental visits covered?** Yes! Dental exams, x-rays, cleanings, and fillings are covered under the sliding fee scale when performed at Dahl Memorial Clinic. You must be on the sliding fee scale at the time of service to receive a discount and you must pay full price for any other dental service received other than those listed above.
10. **What services are not covered?** Office visits with some visiting providers, laboratory tests sent to an external lab, some medical equipment, and a few special order medications and vaccinations may not be covered in the sliding fee program. In addition, Pre-employment and CDL/DOT physicals and Alcohol Drug Information School (ADIS) sessions are always excluded from Sliding Adjustments. Patients will be notified in advance of any uncovered charges.
11. **If I am currently unemployed but expect to be working soon, how is my annual income determined?** Please provide documentation of your unemployment compensation. This will be considered for a 30 day approval on the Sliding Fee Scale. Your documentation and a completed application must be received within seven days of your appointment. You will need to reapply once you begin working again.
12. **I am currently unemployed and have no income. What can I do?** We will accept a letter to the Executive Director stating the reason why you have no income and when you expect to be employed. This will be considered for a 30 day approval at the nominal level on the sliding fee scale. Your letter must be received within seven days of your appointment. After 30 days, you will need to reapply with a new letter or documentation of income.
13. **I own my own business, what financial documentation will I need?** Please provide your most recently filed 1040 tax form including all attachments. Your gross business income before deductions and expenses is used to determine eligibility for this program. If your business is incorporated and you pay yourself a salary, please provide only your personal tax return showing your compensation.

**If you have any other questions that are not answered here, please ask a Dahl Memorial Clinic Representative and we'll be happy to go over the program in more detail.**