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eatribes.Org

EASTERN ALEUTIAN TRIBES

Sliding Fee Scale Policy

This Eastern Aleutian Tribes Policy was reviewed and approved by the Eastern Aleutian Tribes, Inc. Board of Directors;

Joe Bereskin
Board President
Eastern Aleutian Tribes, Inc.

Date

Board Reviewed and Approved _____

Created by: Maria Johnson, CFO
Director concurrence: Maria Johnson, CFO
Policy Committee Approval: QI/QM
Revised:

Date: 4/1/13
Date: 4/1/13
Date: 4/1/136



Discounted/Sliding Fee Schedule Information Package

Revised March 2013

POLICY

Eastern Aleutian Tribes Healthcare Discount Fee Policy

Policy

It is the policy of Eastern Aleutian Tribes, Inc. to provide essential medical services regardless of the patient's ability to pay. Discounts are offered based upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply.

Discount Application Process

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Adolescent patients seeking confidential care are exempt from the application process, and services are provided at the nominal rate.

Medical	The discount is applied to all in-office services and off-site services supplied by Eastern Aleutian Tribes healthcare providers.
Pharmacy	Samples are provided, when available, without charge.
Lab & X-ray	The discount is applied to in-office laboratory and x-ray services. Reference laboratory tests and consulting radiology interpretations are excluded.

Required Documentation

When we verify income, the simplest approach would be to accept the patient's word at the time the request is made, however Eastern Aleutian Tribes Board of Directors has set the requirement that we require proof of income with some form of verification.

EMPLOYED

Weekly – Three consecutive pay stubs
Bi-Weekly – Two consecutive pay stubs

SELF EMPLOYED

Self Employed – Most recent Federal tax return with supporting schedules
Business Income – Most recent Federal Business and personal tax returns

UNEMPLOYED

Unemployment claim determination letter

RETIREMENT

Social Security checks or bank statements showing direct deposits, official documents showing private pension, annuities, or individual retirement accounts

INTEREST/DIVIDENDS

Bank and/or investment account statements

ALIMONY/CHILD SUPPORT

Legal documents showing amounts ordered to be paid for support and/or alimony

DISABILITY

Social Security disability checks or bank statements showing direct deposit, private long or short term disability insurance checks

OTHER

Any other form of income not stated above

NO INCOME IS RECEIVED* **

No income is received from any source

***Self-declaration of income will be permitted only in an extenuating circumstance and with the approval of the CFO or designee.

Revised
03/17/14

Eastern Aleutain Tribes Inc.

2014 EAT Sliding Fee Discount

Proverty Level %	100%	101% to 120%	121% to 140%	141% to 160%	161%-180%	181%-200%	201%
Nominal Fee							
Discount:	\$20.00	80% Discount	60% Discount	40% Discount	20% Discount	10% Discount	Full Pay
Based on	\$ 14,580 for a family of one						
Family Size	\$ 5,080 for each additional family member						
Annual Income							
1	14,580	14,581 - 17,496	17,497 - 20,412	20,413 - 23,328	23,329 - 26,244	26,245 - 27,702	27,703
2	19,660	19,661 - 23,592	23,593 - 27,524	27,525 - 31,456	31,457 - 35,388	35,389 - 37,354	37,355
3	24,740	24,741 - 29,688	29,689 - 34,636	34,637 - 39,584	39,585 - 44,532	44,533 - 47,006	47,007
4	29,820	29,821 - 35,784	35,785 - 41,748	41,749 - 47,712	47,713 - 53,676	53,677 - 56,658	56,659
5	34,900	34,901 - 41,880	41,881 - 48,860	48,861 - 55,840	55,841 - 62,820	62,821 - 66,310	66,311
6	39,980	39,981 - 47,976	47,977 - 55,972	55,973 - 63,968	63,969 - 71,964	71,965 - 75,962	75,963
7	45,060	45,061 - 54,072	54,073 - 63,084	63,085 - 72,096	72,097 - 81,108	81,109 - 85,614	85,615
8	50,140	50,141 - 60,168	60,169 - 70,196	70,197 - 80,224	80,225 - 90,252	90,253 - 95,266	95,267
9	55,220	55,221 - 66,264	66,265 - 77,308	77,309 - 88,352	88,353 - 99,396	99,397 - 104,918	104,919
10	60,300	60,301 - 72,360	72,361 - 84,420	84,421 - 96,480	96,481 - 108,540	108,541 - 114,570	114,571
11	65,380	65,381 - 78,456	78,457 - 91,532	91,533 - 104,608	104,609 - 117,684	117,685 - 124,222	124,223
12	70,460	70,461 - 84,552	84,553 - 98,644	98,645 - 112,736	112,737 - 126,828	126,829 - 133,874	133,875
13	75,540	75,541 - 90,648	90,649 - 105,756	105,757 - 120,864	120,865 - 135,972	135,973 - 143,526	143,527

ANNUAL INCOME TABLE

Sliding Fee Application

Eastern Aleutian Tribes, Inc.
3380 C Street, Ste. 100, Anchorage, AK 99503 • WWW.EATRIBES.ORG

907.277-1440

For EAT Staff Use Only	
Name:	Date Of Birth:
Home Address:	Date Provided
Mailing Address:	Date Returned
Home Phone:	Patient Acct#
Work Phone:	Staff Initial & Date
Cell Phone:	

Household Member Name	Relationship to Applicant	Birth Date	Source and amount of monthly household income							Description
			Employment Status Full/Part/Unemployed	Earnings from Wages	Earnings from Self Employment	Social Security Income	Unemployment Income	Adult Public Assistance	Other Income	

Please bring in the following information prior to your appointment day.

Types of documentation required to support income claims disclosed on this application. Submit at least ONE with this Application.	General Information
<ul style="list-style-type: none"> SSA/SSI/APA Printout Retirement Statements Pay stubs for 1 month Unemployment Benefit Statement 	<ul style="list-style-type: none"> Letter from Employer with average weekly hours and rate of pay Most Recent Tax Return Checking & Savings Bank Statements for 2-3 months Attestation Statement
<ul style="list-style-type: none"> Photo ID Current utility statement or mail to confirm address Medicaid and/or DKC Approval or Denial Letter - Children under 18 are required to apply for DKC in order to be considered under this SFS application 	

Recipient of Alaska Housing Assistance Yes or No	Recipient of Food Stamps Yes or No
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"I, as the applicant of this sliding fee application, hereby authorize a representative of Eastern Aleutian Tribes (EAT) to make available any information regarding my service(s) to any insurance company or third party to seek payment of this account. I, the above, agree whether I sign as the guarantor of another or as the patient, that I am responsible for the account balance in accordance with the regular rates and terms of EAT. In the event this account is referred to a collection agency I shall pay all delinquent accounts and any accrued interest. I declare the information provided in this application along with the supporting documentation is true and correct to the best of my belief and knowledge. Furthermore I understand that it is my responsibilities to inform EAT of any changes to my income that may change my eligibility for sliding fee discounts or for participation in prescription drug programs. I also understand that should EAT become aware that any of this information has been falsified to fraudulently receive services, including but not limited to medical, dental, lab, x-ray or prescription drug benefit programs, that my participation will be revoked and I will be responsible for 100% of the usual and customary charges of EAT."

Signature of Applicant	Date
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Statement for release of Information for Audit Purposes

"I consent to the release of any and all of my financial records including but not limited to: sliding fee scale application and supporting documentation, patient information, insurance information, and any other types of information contained within my electronic health and/or dental records that may be deemed necessary for review by any auditor, for participating in any assistance programs including but not limited to sliding fee scale, Grant-funded programs and/or pharmacy assistance programs for which I may be eligible.

_____ X Signature	_____ Date
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Staff section for calculations and to document information relevant to this application:

Sliding Scale Calculation reminders: Have a complete understanding of the period of time covered by the income documentation Use the income amount (may require averaging) X # of pay periods in a year = Annual Income Annual Income / 12 months = Average monthly income