



Council of Athabascan Tribal Governments
Yukon Flats Health Center

Sliding Fee Scale Application
*** Confidential ***

Patient Name: _____ Chart #: _____

Patient's Date of Birth: ____/____/____ (mm/dd/yyyy)

	NF \$20	\$50	\$100	\$150	Full Fee
Annual Income Range for Your Household					
Family Size	100%	101-150%	151-175%	176-199%	200%
1	\$0-\$15,060	\$15,061 to \$22,590	\$22,591 to \$26,355	\$26,356 to \$29,969	Above \$29,969
2	\$0-\$20,290	\$20,291 to \$30,435	\$30,436 to \$35,507	\$35,508 to \$40,377	Above \$40,377
3	\$0-\$25,520	\$25,521 to \$38,280	\$38,281 to \$44,660	\$44,661 to \$50,784	Above \$50,784
4	\$0-\$30,750	\$30,751 to \$46,125	\$46,126 to \$53,812	\$53,813 to \$61,192	Above \$61,192
5	\$0-\$35,980	\$35,981 to \$53,970	\$53,971 to \$62,965	\$62,966 to \$71,600	Above \$71,600
6	\$0-\$41,210	\$41,211 to \$61,815	\$61,816 to \$72,117	\$72,118 to \$82,007	Above \$82,007
7	\$0-\$46,440	\$46,441 to \$69,660	\$69,661 to \$81,270	\$81,271 to \$92,415	Above \$92,415
8*	\$0-\$51,670	\$51,671 to \$77,505	\$77,506 to \$90,422	\$90,422 to \$102,823	Above \$102,823

Revised to comply with "2017 HHS Poverty Guidelines for Alaska" (Published January 31, 2017)

*Add \$5,230 for additional family members when family size is over 8

The sliding scale discount will be applied to all balances that are the responsibility of the patient. This includes all charges for uninsured patients, as well as co-payments, deductibles and other amounts due from insured patients. Patients are responsible for payment of balances after the discount has been applied.

Household Members: Use the table below to list yourself and the name(s) of **all** individuals who live with you. If pregnant, you may count your unborn baby.

Name	Relationship	Age	Sex	Date of Birth	Annual Income	Employer

I **decline** to provide the above information. _____ (Initials)

Patient signature (required)

Date