



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)

Annual Income Range for Your Household

	NF \$20	\$50	\$100	Full Fee
Family Size	100%	101-150%	151-175%	176-200%
1	\$0-\$15,180	\$15,181 to \$22,770	\$22,771 to \$26,565	\$26,566 to \$30,208
2	\$0-\$20,580	\$20,581 to \$30,870	\$30,871 to \$36,015	\$36,016 to \$40,954
3	\$0-\$25,980	\$25,981 to \$38,970	\$38,971 to \$45,465	\$45,466 to \$51,700
4	\$0-\$31,380	\$31,381 to \$47,070	\$47,071 to \$54,915	\$54,916 to \$62,446
5	\$0-\$36,780	\$36,781 to \$55,170	\$55,171 to \$64,365	\$64,366 to \$73,192
6	\$0-\$42,180	\$42,181 to \$63,270	\$63,271 to \$73,815	\$73,816 to \$83,938
7	\$0-\$47,580	\$47,581 to \$71,370	\$71,371 to \$83,265	\$83,266 to \$94,684
8*	\$0-\$52,980	\$52,981 to \$79,470	\$79,471 to \$92,715	\$92,716 to \$105,430

Revised to comply with "2018 HHS Poverty Guidelines for Alaska" (Published February 28, 2018)

*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