



KODIAK AREA NATIVE ASSOCIATION
HEALTH SERVICES

Sliding Fee Discount and Alternate Resources Application

What is the Sliding Fee Discount Program?

The Sliding Fee Discount Program is a Federal program that allows KANA to discount our normal and customary charges for medical, dental, and behavioral health services. Excluded from the program are x-rays, lab tests, and dental lab services that are performed outside of KANA.

Eligibility

All KANA patients, including all family members listed on the application, may apply to receive discounted fees, based on their ability to pay. Determination of the discount, if any, is dependent upon proof of household income and household size in comparison to the current Alaska Federal Poverty Guidelines. The sliding fee discount may apply to public or private insurance deductibles, co-insurances, and/or co-pay amounts.

Terms

Eligibility information must be updated annually from the time of application and/or whenever there is a change of income for any household members.

Acceptable Proof of Eligibility

- I. Income determination
 - a. Income is based on the gross income of all household members earning income. Gross income represents the patient's total personal income before taxes or other deductions. A patient may initially self-report gross family income at their first visit but will be required to provide supporting documentation within 30 days or before their next visit, whichever occurs first, if they wish to continue to receive the discount.
 - b. Acceptable forms of income include:
 - i. At least a 4 week period of paycheck stubs
 1. Paid weekly, at least 4 consecutive stubs;
 2. Paid bi-weekly or semi-monthly, at least 2 consecutive stubs;
 3. Paid monthly, at least 1 paycheck stub
 - ii. Most recent available income tax return, 1099 form or W-2.
 - iii. Unemployment award letter or copy of last unemployment check.
 - iv. Disability/Social Security award letter or copy of check or bank record.
 - v. One pension or retirement check or bank record.

- vi. Child support verification: copy of check, court papers indicating support amount, or notarized letter from parent making payment.
- vii. Worker's Compensation payment.
- viii. VA benefits payment record.
- ix. Rental property income documentation.
- x. Bank Statements.

II. Household Size Determination

- a. All members of a household living at the same address
 - i. Spouses
 - ii. Registered domestic partners
 - iii. Parents
 - iv. Children (biological, adopted, foster, step, legal ward or child of registered domestic partner) living at the same address.

Alternate Resources

If you have or are eligible for other resources to cover the expenses associated with your healthcare (insurance, Medicaid, Medicare, VA Benefits, Fisherman's Fund, Worker's Compensation, etc.) please provide the information to KANA upon your visit or as soon as you are aware of alternate coverage. Providing an insurance card is the preferred method but we will take verbal information over the phone for insurance. Billing the appropriate insurance will extend current funds to serve you and other KANA patients.

Eligibility

If you are a beneficiary of the Indian Health Services (IHS), you are eligible to receive DIRECT services (provided within KANA). You must provide proof of eligibility in the form of a Certificate of Indian Blood (CIB) or Federally Recognized Tribal Enrollment Card with blood quantum listed within 30 days of your annual sliding fee application. Copies will be kept on file with your medical record.

Contract Health or Purchased and Referred Services

When the need arises, Contract Health or Purchased and Referred Services (CHS or PRS) funds may be available to assist with payment of INDIRECT services provided by non-tribal providers or services, examples: hospital, lab, x-ray, surgical, physical therapy, etc.). Federal regulations governing CHS/PRC funds must be followed and are listed below:

- I. Updated patient registration/Alternate Resource Agreement signed annually.
- II. Patients must be an Alaska Native/American Indian and a Kodiak resident to qualify for KANA contract Health/Purchased and Referred Services funding. You must show proof of Kodiak residency for at least 90 consecutive days to qualify for CHS/PRC funding. Patients are only eligible for services at KANA only until the 90 day residency requirement is met. When vacationing, seasonally employed or temporarily residing in Kodiak, you are not eligible to receive INDIRECT services funded by KANA. You will be charged separately by the outside service provider and payment of such bills will be your sole responsibility, unless it was for an emergency



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Applicant Full Name: _____ Date of Birth: _____
 Mailing Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Full Name	Relationship to Applicant	Birth Date	Income Type*	Monthly	Total
SELF	SELF	SELF			
Total Income: <i>To be completed by staff</i>					

Documentation must be submitted within 30 days or before the next scheduled appointment, whichever occurs first.

I certify that the above facts are true and correct to the best of my knowledge. I am aware that this information may be randomly audited at any time for verification purposes. Knowingly providing false information may result in termination from the Sliding Fee Discount Program.

Patient Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

Staff Use Only

Discount Level: A B C D

***Income Type Received**

<input type="checkbox"/> Pay Stubs for a 4 week period <input type="checkbox"/> unemployment benefit statement or check <input type="checkbox"/> Worker's Compensations <input type="checkbox"/> SSA/SSI/APA Printout <input type="checkbox"/> Bank Statements	<input type="checkbox"/> Public Assistance <input type="checkbox"/> Veteran's Payments <input type="checkbox"/> Dividends <input type="checkbox"/> Retirement Income <input type="checkbox"/> Other:
Patient MRN: _____	Staff Initials: _____
Date Documentation Received: _____	