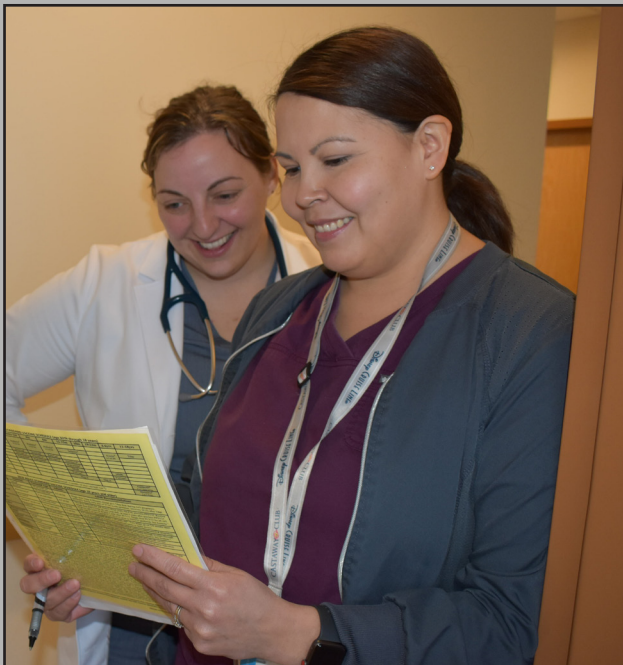


WHY WAIT?
LET'S GET
STARTED TODAY

Pick up a Sliding Fee Discount Program application. We will be happy to assist you. By signing the Sliding Fee Discount Program application, CRNA is authorized to confirm income as disclosed on the application form.



For more information, please see our Front Desk or Billing Specialist, or call [822-5241](tel:822-5241).



PO BOX H
COPPER CENTER, AK 99573

907-822-5241



SLIDING SCALE DISCOUNT PROGRAM

We Can Help

You Make

Ends Meet





LET'S GET STARTED

Sliding fee calculations are determined by using Federal Income Tax forms, the last 30 days of paycheck stubs, or unemployment verification. Our staff then uses the table below to determine eligibility. Qualifications for the Sliding Fee Discount Scale are based on two factors: household size and income. To determine whether you will qualify for a discounted fee do the following: Find the row on the chart that lists the number of individuals in your household. This number should include yourself, your spouse/partner, and children. Next, find your gross income to determine eligibility for the program.

How it Works

This program is designed to provide discounted care to those who have no means or limited means to pay for their medical services.

Who is Eligible?

CRNA's Sliding Fee Discount Program is based on a person's ability to pay, and we will not discriminate on the basis of age, gender, race, sexual orientation, religion, disability, or national origin. (See Right)

What's covered by the program?

All patients seeking healthcare services in Primary Care, Behavioral Health, and Dental at CRNA are assured that they will be served regardless of ability to pay. No one is refused service because of inability to pay.

How do I get started?

Requiest for discounted services may be made by patients, family members, social services staff, or others who are aware of existing financial hardship. **Information and forms can be obtained from the Front Desk and Billing specialist.**

BASED ON 2019 ALASKA POVERTY GUIDELINES

Number in Household	Household Income Equal to or Below				
	Nominal Fee	You Pay 25%	You Pay 50%	You Pay 75%	You do not qualify
1	\$0 - \$15,600	\$15,601 - \$23,400	\$23,401 - \$27,300	\$27,301 - \$31,200	Above \$31,200
2	\$0 - \$21,130	\$21,131 - \$31,695	\$31,696 - \$36,978	\$36,979 - \$42,260	Above \$42,260
3	\$0 - \$26,660	\$26,661 - \$39,900	\$39,991 - \$46,655	\$46,656 - \$53,320	Above \$53,320
4	\$0 - \$32,190	\$32,191 - \$48,285	\$48,286 - \$56,333	\$56,334 - \$64,380	Above \$64,380
5	\$0 - \$37,720	\$37,721 - \$56,580	\$56,581 - \$66,010	\$66,011 - \$75,440	Above \$75,440
6	\$0 - \$43,250	\$43,251 - \$64,875	\$64,876 - \$75,688	\$75,689 - \$86,500	Above \$86,500
7	\$0 - \$48,780	\$48,781 - \$73,170	\$73,171 - \$85,365	\$85,366 - \$97,560	Above \$97,560
8	\$0 - \$54,310	\$54,311 - \$81,465	\$81,466 - \$95,043	\$95,044 - \$108,620	Above \$108,620
	100% of Poverty Guideline Level	100%-150% of Poverty Guideline Level	151%-175% of Poverty Guideline Level	176%-200% of Poverty Guideline Level	Over 200% of Poverty Guideline Level