### Sliding Fee Discount Program

The Sliding Fee Discount Program is designed to help cover your out-of-pocket expenses for medical care provided by Seward Community Health Center. Patient eligibility is based on household size and income.

#### Sample Sliding Fee Scale

<table>
<thead>
<tr>
<th>Household Size</th>
<th>≤ 100%</th>
<th>101-150%</th>
<th>151-200%</th>
<th>$100/$50 Max</th>
<th>$150/$50 Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$151.20</td>
<td>$225.20</td>
<td>$309.12</td>
<td>$30,120</td>
<td>$40,580</td>
</tr>
<tr>
<td>2</td>
<td>$202.90</td>
<td>$286.20</td>
<td>$360.12</td>
<td>$40,580</td>
<td>$51,040</td>
</tr>
<tr>
<td>3</td>
<td>$254.60</td>
<td>$367.20</td>
<td>$434.12</td>
<td>$51,040</td>
<td>$61,500</td>
</tr>
<tr>
<td>4</td>
<td>$306.30</td>
<td>$448.20</td>
<td>$509.12</td>
<td>$61,500</td>
<td>$71,960</td>
</tr>
<tr>
<td>5</td>
<td>$358.00</td>
<td>$529.20</td>
<td>$584.12</td>
<td>$71,960</td>
<td>$82,420</td>
</tr>
<tr>
<td>6</td>
<td>$409.70</td>
<td>$610.20</td>
<td>$660.12</td>
<td>$82,420</td>
<td>$92,880</td>
</tr>
<tr>
<td>7</td>
<td>$462.40</td>
<td>$691.20</td>
<td>$735.12</td>
<td>$92,880</td>
<td>$103,340</td>
</tr>
<tr>
<td>8</td>
<td>$514.10</td>
<td>$772.20</td>
<td>$810.12</td>
<td>$103,340</td>
<td></td>
</tr>
</tbody>
</table>

#### Eligibility

All patients are welcome to apply for the Sliding Fee Discount Program. Not everyone will qualify for a discount. Determination of your discount, if any, depends upon your household size and income.

Patients must submit a new application and provide updated proof of income each year.

#### Contact Us

Seward Community Health Center
417 First Avenue / PO Box 2895
Seward, AK 99664

Monday-Friday, 8:00 am - 6:00 pm

907-224-2273
www.sewardhealthcenter.org

Find us on Facebook

907-224-CARE (2273)
www.sewardhealthcenter.org
WHAT TO BRING WHEN YOU APPLY
Each year you apply for the Sliding Fee Discount Program or health insurance program, you will need to bring:

- Photo ID
- Social Security numbers for everyone in household
- Birthdates for everyone in household
- Proof of current income
- Worker's Compensation award letter

PROOF OF INCOME EXAMPLES
- Last 3 Paycheck Stubs or Vouchers
- Employment Letter
- Most Recent Income Tax Return
- Unemployment Paperwork
- Court Documents (alimony or child support records)
- Social Security disability or retirement letter
- If you are unemployed or do not have a verifiable source of income, you must complete a form explaining your current situation.

HOUSEHOLD SIZE DEFINED
Determination of your eligibility for the Sliding Fee Discount Program depends upon your household size and income. Your household includes yourself, your spouse or unmarried significant other, and dependents under 18 years old. Special situations apply.

FEES FOR OUTSIDE SERVICES
Your SCHC provider may make referrals for you to get lab tests or radiology exams, or see specialists. These outside services are not provided by SCHC, so you will receive separate bills for them. Our Sliding Fee Discount does not apply to these services. We encourage you to ask your other providers about their payment terms & assistance programs.

To apply for the Sliding Fee Discount Program, make a FREE appointment with our Outreach & Enrollment Coordinator.

907-224-2273
www.sewardhealthcenter.org