





Applicant Name			
Mailing Address			
Phone		Date of Birth	

**Application:**

- Application Completed     
  Applicant has signed copy of Policy and Procedures     
  Application signed

**Verification Checklist:**

- Identification/Address Driver's license, utility bill, employment ID, or other  
 Copy of Insurance Cards       N/A- No Insurance

**Income Verification:**

Family Size \_\_\_\_\_ Household Income \_\_\_\_\_

- W-2 from prior year       Letter from employer  
 Two most recent pay stubs       Other: Explain \_\_\_\_\_  
 Form 4506 T (if W-2 not filed)       Self-Declaration of Income Form; Date Approved by ED

**Application Status**    Declined       Accepted, Date of Determination: \_\_\_\_\_

**Notification Letter:**   Date Sent \_\_\_\_\_ Employee who sent letter \_\_\_\_\_

**Discounted Rate:**    25%       50%       75%       Does not qualify       Nominal Fee \$ \_\_\_\_\_

Employee Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



It is the policy of RESILIENCE to provide exceptional services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. The discount will apply to all services received at RESILIENCE. Your household discount will be assessed every year or if your financial situation changes. Please complete the following information and return it to billing to determine if you or your family members are eligible for a discount.

Head of Household Name:	Phone:
Date of Birth:	Place of Employment:
Physical Address:	
Family Size: <input type="text"/> (NUMBER OF MEMBERS LIVING IN YOUR HOUSEHOLD.) List name and date of birth of family members/individuals living in your household or individuals you are financially responsible for.	
Name: (self)	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Do you have insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide the medical plan name:	





This program is designed to provide discounted care. In addition to quality healthcare, patients are entitled to a consultation with our administrative office to assist in community resources that could offer solutions for those who have no means or limited means to pay for their health care services.

RESILIENCE will offer a Sliding Fee Discount Program (SFDP) to all patients. RESILIENCE will base program eligibility on a person's ability to pay and not discriminate based on age, gender, race, sexual orientation, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

1. **Notification:** RESILIENCE will notify patients of the SFDP by:
  - a. Payment Policy will be available to all patients at the time of services.
  - b. Notification of the SFDP will be offered to each patient upon admission.
  - c. SFDP application will be included with collection notices sent out by RESILIENCE.
  - d. An explanation of the SFDP and the application form are available on RESILIENCE website.
  - e. RESILIENCE places notification of SFDP on the RESILIENCE website.
  
2. **Request for Discount:** Request for discounted services may be made by patients, family members, social services staff, or others aware of existing financial hardship. Information and forms can be obtained from the Front Desk and Billing Specialist. Discounts will be based on income and family size only. RESILIENCE uses the Census Bureau definition of each.
  - a. Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family.
  - b. Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational aid, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.
  
3. **Completion of Application:** The patient/responsible party must complete the SFDP application in its entirety. A signed SFDP application authorizes RESILIENCE to confirm income as disclosed on the application form. Providing false information on an SFDP application will result in all discounts revoked and the entire balance of the account(s) restored and payable immediately.

Suppose an application is unable to be processed due to the need for additional information. In that case, the applicant has two weeks from the date of notification to supply the necessary information without adjusting the date on their application. If a patient does not provide the requested information within the two weeks, their application will be re-dated to the date they supply it. Any accounts turned over for collection because of the patient's delay in providing information will not be considered for SFDP.

REACH 907 Resilience Behavioral Health  
7335 E Palmer Wasilla Hwy, Palmer, AK 99645  
PO Box 876646 Wasilla, AK 99687-6646

Phone: 907-745-6200 FAX: 907-745-6211 Sliding Fee Discount Program PAGE 5 of 7



4. **Income Verification:** Applicants must provide one of the following: prior year W-2, prior-year tax return, last 30 days' worth of pay stubs, a letter from employer verifying hours, or Form 4506-T (if W-2 not filed). Adequate information must be made available to determine eligibility for the program. Self-declaration of income may only be used in exceptional circumstances. Specific examples include participants who are homeless. Patients who cannot provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to the RESILIENCE Executive Director or their designee for review and final determination of the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
5. **Discounts:** Those with incomes at or below 100% of poverty will receive a total discount and only be assessed a nominal fee. According to the attached sliding fee schedule, those with incomes above 100% of poverty, but at or below 200% of poverty will be charged. For example - patients between 101%-150% of FPG will receive a 75% discount, between 151%-175% will receive a 50% discount, and between 176%-200% will receive a 25% discount. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>.
6. **Waiving of Charges:** In certain situations, patients may not be able to pay the discount fee. Waiving of charges may only be used in special circumstances and must be approved by RESILIENCE Executive Director or designee. Any waiving of charges should be documented in the patient's file and an explanation (e.g., ability to pay, goodwill, health promotion event).
7. **Application Notification:** The SFDP determination will be provided to the applicant(s) in writing and will include the percentage of SFDP write-off, or if applicable, the reason for denial. If the application is approved for less than 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with RESILIENCE. SFDP application covers patient balances incurred within 12 months after the approval date unless their financial situation changes significantly. The applicant can reapply after the 12 months have expired or if there has been a significant change in family income.
8. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacate the premises without paying for services, they will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the SFDP application will be sent with the notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes a refusal to pay. At this point, RESILIENCE can explore options not limited to, but including, offering the patient a payment plan, waiving of charges, or referring the patient to collections.

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**9. Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacate the premises without paying for services, they will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the SFDP application will be sent with the notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes a refusal to pay. At this point, RESILIENCE can explore options not limited to, but including, offering the patient a payment plan, waiving of charges, or referring the patient to collections

**10. Record Keeping:** To preserve the dignity of those receiving discounted care, information related to SFDP decisions will be maintained and kept in a confidential file located in RESILIENCE administration office. The Admin will maintain a monthly log identifying SFDP recipients and discount percent. Denials will also be logged.

I confirm that I have read, understand, and agree to the above policy and procedure for enrollment in RESILIENCE SFDP.

Client Printed Name	Client Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Employee Printed Name	Employee Signature	Date

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