



**Challis Area Health Center**

## **Sliding Discount Program Information**

To apply for the Sliding Discount Program, you will need to complete the application and provide the names and age/DOB for all individuals living in your household as well as income documentation for ALL income coming into the household by all members.

When you come in you will need to provide the following for each person in your family:

- Proof of ALL income coming into the home
- DOB or Age

Documents for proof of income include:

- 2017 Tax Return (which shows total income)
- Past 3 months of check stubs
- Past 3 months of bank statements

Call 208-879-4351 ext. 2 to make an appointment and complete your enrollment into the program.

The Sliding Discount co-pay will range from \$25 to \$70 per visit (a visit does NOT extend to multiple days) for healthcare services provided by the Challis Area Health Center depending on income eligibility.

The Sliding Discount Program co-pay is due at time of service.



Challis Area Health Center

## SLIDING DISCOUNT APPLICATION

**Applicant Name:** \_\_\_\_\_ **MR#** \_\_\_\_\_

Thank you for choosing Challis Area Health Center (CAHC) as your healthcare provider. CAHC bases its sliding discount schedule on household size and income. **INCOME** is all taxable income and a **HOUSEHOLD** is all persons 1) residing together and 2) supported by a common income or set of incomes. The household may include those temporarily absent (e.g. away at school) but does not include those being supported by “another” (e.g. in a correctional facility or with the “other” parent). **For all individuals counted as part of the household, the income must also be counted. Please complete the following table:**

Proof of income can be annual documents (e.g. tax returns, W-2, 1099), monthly documents (e.g. pay stubs, bank history of credits and debits; benefit determinations (e.g. SSA/SSI, Medicaid, food stamps); or CAHC *Income Self-Declaration Worksheet*.

| Household Member Name (last, first)  | DoB or Age | Relationship to Applicant | Annual Income | Income Documented Y or N |
|--------------------------------------|------------|---------------------------|---------------|--------------------------|
|                                      |            | Self                      | \$            |                          |
|                                      |            |                           | \$            |                          |
|                                      |            |                           | \$            |                          |
|                                      |            |                           | \$            |                          |
|                                      |            |                           | \$            |                          |
|                                      |            |                           | \$            |                          |
| <b>Total Family Household Income</b> |            |                           | <b>\$</b>     |                          |

I certify my above information and the provided documentation are complete, true and correct to the best of my knowledge. I understand and agree to pay any amount I do not qualify to have discounted. If my insurance, income or household circumstances change I will notify CAHC.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Verifying Eligibility:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| <b><i>You have qualified for the following discount</i></b> |              |              |              |              |         |
|---|--------------|--------------|--------------|--------------|---------|
| Level 1   | Level 2      | Level 3      | Level 4      | Level 5      | Level 6 |
| <100%   | 100% to 125% | 125% to 150% | 150% to 175% | 175% to 200% | 200%>   |
| \$25  | \$40         | \$50         | \$60         | \$70         | \$0     |

## SLIDING DISCOUNT SCHEDULE 2018-2019

|                            | <b>Level 1<br/>&lt;100%</b>    | <b>Level 2<br/>101% to 125%</b> | <b>Level 3<br/>126% to 150%</b> | <b>Level 4<br/>151% to 175%</b> | <b>Level 5<br/>176% to 200%</b> | <b>Level 6<br/>200% &gt;</b> |
|----------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|------------------------------|
| <b>Household Size</b>      | <b>Annual</b>                  | <b>Annual</b>                   | <b>Annual</b>                   | <b>Annual</b>                   | <b>Annual</b>                   | <b>Annual</b>                |
| <b>1</b>                   | \$0-\$12,140                   | \$12,141-\$15,175               | \$15,176-\$18,210               | \$18,210-\$21,245               | \$21,245-\$24,280               | \$24,281+                    |
| <b>2</b>                   | \$0-\$16,460                   | \$16,461-\$20,575               | \$20,576-\$24,690               | \$24,691-\$28,805               | \$28,806-\$32,920               | \$32,921+                    |
| <b>3</b>                   | \$0-\$20,780                   | \$20,781-\$25,975               | \$25,976-\$31,170               | \$31,171-\$36,365               | \$36,366-\$41,560               | \$41,561+                    |
| <b>4</b>                   | \$0-\$25,100                   | \$25,101-\$31,375               | \$31,376-\$37,650               | \$37,651-\$43,925               | \$43,926-\$50,200               | \$50,201+                    |
| <b>5</b>                   | \$0-\$29,420                   | \$29,421-\$36,775               | \$36,776-\$44,130               | \$44,131-\$51,485               | \$51,486-\$58,840               | \$58,841+                    |
| <b>6</b>                   | \$0-\$33,400                   | \$33,741-\$42,175               | \$42,176-\$50,610               | \$50,611-\$59,045               | \$59,046-\$67,480               | \$67,481+                    |
| <b>7</b>                   | \$0-\$38,060                   | \$38,061-\$47,575               | \$47,576-\$57,090               | \$57,091-\$66,605               | \$66,606-\$76,120               | \$76,121+                    |
| <b>8</b>                   | \$0-\$42,380                   | \$42,381-\$52,975               | \$52,976-\$63,570               | \$63,571-\$74,165               | \$74,166-\$84,760               | \$84,761+                    |
| <b>For each person add</b> | \$4,320                        | \$5,400                         | \$6,480                         | \$7,560                         | \$8,640                         | \$8,641                      |
| <b>Sliding Flat Fee</b>    | <b>Nominal Fee<br/>\$25.00</b> | <b>Flat Fee<br/>\$40.00</b>     | <b>Flat Fee<br/>\$50.00</b>     | <b>Flat Fee<br/>\$60.00</b>     | <b>Flat Fee<br/>\$70.00</b>     | <b>Actual Charges</b>        |