



The Sliding Fee Application

Please note that if the application is not filled out completely, you will not be awarded a sliding fee discount.

Upon determination of your sliding fee scale you will be sent a letter explaining your status.

Please be advised that you will be expected to pay full price for services rendered until your sliding fee is established.

SLIDING FEE GUIDELINES

A person requesting that the Sliding Fee be considered for their account must:

- Complete the Sliding Fee application
- Provide at least 3 months of income verification (wage earnings or tax returns) if applicable
- Supply proof of income if self employed
- Provide proof of income from Native Corporations, and inheritance money if applicable.
- Unemployment supplement if applicable

If the applicant is married, they MUST provide all the above information on themselves AND their spouse.

Any questions can be directed to Patient Financial Services at (907) 796-8442.

Rainforest Recovery Center 3250 Hospital Drive Juneau, AK 99801
Phone: 907.796.8442 Fax: 907.586.5605

SLIDING FEE APPLICATION

Name _____ Date of Birth: _____ Social Security # _____

Mailing Address _____ Phone # _____

Name of Spouse _____

Children (Dependents) living at home

Employment Information

None: _____ or

Employer _____

Name: _____ Age: _____

Work Phone: _____

Name: _____ Age: _____

Spouses Employer _____

Name: _____ Age: _____

Work Phone _____

Name: _____ Age: _____

For categories listed below, please itemize the **TOTAL GROSS** income received for the number of months indicated in the past year. You will need to provide verification for the amounts stated below.

Number of Months for which income is listed: _____

Wages: _____

Self Employment: _____

Pension/Retirement: _____

Military Allowance: _____

Unemployment: _____

Disability Income: _____

Child Support: _____

Public Assistance: _____

Social Security: _____

Longevity Bonus: _____

Other Dividends: _____

Other Income: (List): _____

I understand that this application is made so Rainforest Recovery Center @ Bartlett can determine my eligibility for services under the Sliding Fee Program. If any information I have given is untrue, I understand that Rainforest Recovery Center @ Bartlett may re-evaluate my financial status and take whatever action becomes appropriate.

Applicant's Signature

Date

Co-applicant's (Spouse) Signature

Date