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Charity Care/Discounted Fee Information

The information you provide is confidential. We use it only to evaluate if you are eligible for a discount.

How does the program work?

We will not deny you necessary care due to an inability to pay at the time of service. If you have insurance or other medical benefits such as Medicare, Medicaid, a native corporation, or the Veteran's Administration, we will bill them first. If you have medical insurance or are eligible for medical benefits, you must tell us. If we find out that you knew about a potential payment source, but didn't tell us, we will deny your application for a discount. If you do not have insurance, or if your insurance or other benefit doesn't pay the full amount, the amount left over becomes "self-pay". That means you are responsible for paying the balance. We may be able to help you with this balance.

First, if you do not already have Medicaid, you must apply for it, or prove that you applied and were rejected. You must do this before you can apply to CCMC for a discount on the amount you owe.

You will receive a statement from CCMC for the services you received. When you do, you have 30 days to apply for a discount. To apply, complete a Charity Care/Discounted Fees application and gather all of the requested validation paperwork. Bring or mail the entire packet to CCMC. Remember, you only have 30 days from the date of your first statement to submit a completed application if you want to be considered.

Why does CCMC need to know my household income and our assets?

Eligibility for a discount at CCMC is based upon a family's financial relationship to the federal poverty level. We must be able to prove that any patient who receives a discount from us meets the stated guidelines.

Why must I tell you about my medical insurance and about other benefits I may have?

When you receive medical services at CCMC, we are required to charge you the "usual and customary rate", regardless of your financial situation. We can't charge you less, but will not turn you away if you require medical care and are unable to pay this usual and customary rate. CCMC does this because we are required to charge all patients the same amount for the same service. We apply the discount after we receive all the payments from insurance companies and others. Payments from these sources lower the amount that you owe. If we approve your request for a discount, we calculate the discount as a percentage of the total you owe, so you want your self-pay balance to be as low as possible. We cannot apply payments from insurance and benefit programs to a discounted balance.

Why do I need to reapply?

Financial situations change, so you will need to reapply for each visit. Before you reapply, we encourage you to contact the Billing Office to see what paperwork we need. In some cases, we may only require that you send updated paperwork so that we can attach to a previously filed application, rather than a new application.

CCMC will charge you a nominal fee.

CCMC requires that patients who are otherwise eligible for a 100% discount pay a nominal fee of \$20.00 for visits with a medical provider and \$10.00 each approved laboratory, radiology, or mental health services.

What charges cannot be considered for a discount (excluded charges)?

CCMC's Charity Care/Discounted Fees policy only applies to medically necessary services as determined by a medical provider. If you are seen in the ER or after-hours for a condition that is not an emergency, those charges will not be eligible for a discount.

Charity Care/Discounted Fee Application

CCMC's policy is to provide medically necessary services regardless of a patient's ability to pay. Discounts are offered based upon family income and size. Please fill in the following areas and return this form and copies of information listed on the verification checklist to CCMC. Our staff will review your application to determine if you or members of your family are eligible for a discount. You must submit a completed application (including verification) within 30 days of receiving a statement from CCMC for the date of service.

Discounts, if approved, apply only to medically necessary services received from CCMC, but not those services received through an affiliate entity, such as some visiting providers, outside processing or consultation, patient transport, or other such services. In the hope that your financial situation improves, discounts apply only to current self-pay balances, not future services. This form must be completed for each eligible visit. Discounts will only be considered after all other medical benefits have been applied.

Application Information

Name		Date of Service		Amount Owed	
Street/P.O. Box	City	State	Zip Code	Phone	

Household Information

Name	Date of Birth	Relationship to Applicant	Place of Employment	Is the Job Seasonal
Head of Household				

Household Assets: Please complete the following for you, your spouse, and your dependents.

Financial Assets	Head of Household	Spouse	Dependents	Total
Amount in Checking/Savings Accounts				
Other Liquid Assets (please explain)				
Total Value of Assets				

Monthly Household Income

Please complete the following for you, your spouse, and your dependents.

Source	Self	Spouse	Dependents	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, veteran's benefits, public assistance, unemployment				
Alimony, child support, foster care, military family allowances and allotments				
Self-Employed Income				
Rent, interest, dividend and other income				
Alaska Permanent Fund				
Worker's Comp. Disability				
Other income (please explain)				
Total Income				

Access to Medical Benefits

Check all that apply for each member of your household.

Insurance or Benefit Eligibility	Self	Spouse	Dependents	Total
Third Party Insurance Plan(s)				
Tricare				
Medicaid				
Medicare				
Native Benefits				
Veteran's Benefits				

Verification Checklist

Attach copies of ALL items listed below for each household member	Office Use Only	
	Yes	No
Identification: Driver's license, State ID Card, Birth Certificate, Employment ID, Passport, Social Security Card		
Income: Prior year tax return, three most recent pay stubs		
Insurance/Medical Benefits: Insurance card(s)		
Medicaid: Application made or evidence of rejection		

Applicant Certification (or Parent/Legal Guardian if Applicant is a minor):

I certify that the information provided is correct and that I have fully disclosed all requested information.

Signature: _____ Printed Name: _____ Date: _____

Office Use Only	Applicable Balance _____
Patient Name _____	Discount _____
Date of Service _____	Approved By _____

Sliding Fee Schedule

State: Alaska

Provider: Cordova Community Medical Center (CCMC)

Family Size Persons In Family	Annualized Income Level relative to Poverty Guideline								
	<= 100% Poverty Level		>100% and <=150%		> 150% and < = 200%		> 200% and < = 250%		> 250%
1	0	\$13,600	13,601	20,400	20,401	27,202	27,203	34,003	34,004
2	0	\$18,380	18,381	27,570	27,571	36,762	36,763	45,953	45,954
3	0	\$23,160	23,161	34,740	34,741	46,322	46,323	57,903	57,904
4	0	\$27,940	27,941	41,910	41,911	55,882	55,883	69,853	69,854
5	0	\$32,720	32,721	49,080	49,081	65,442	65,443	81,803	81,804
6	0	\$37,500	37,501	56,250	56,251	75,002	75,003	93,753	93,754
7	0	\$42,280	42,281	63,420	63,421	84,562	84,563	105,703	105,704
8	0	\$47,060	47,061	70,590	70,591	94,122	94,123	117,653	117,654
Discount %	Nominal Fee (see guidelines)		75%		50%		25%		0%

Discounted fees only apply to services provided in-house by CCMC.

Medical: Nominal fees are applied for each visit for all in-house CCMC services.

Pharmacy: Samples are provided, when available, without charge.

Lab & X-ray: Reference lab tests and consulting radiology interpretations are excluded.

Nominal fees: Minimum payment