

SVT Health & Wellness Discount Program Application

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ AK Zip: _____

Phone contact #: _____

Date of Birth: _____ Number in Household: _____

Insurance Co. (if any): ☐ Medicare (circle) Part A / Part B ☐ Medicaid ☐ IHS/"Purchased-Referred Care"

☐ Other (specify): _____ ☐ None

Household Information - list all members of household that are financially responsible for each other

Last Name: _____	First Name: _____	DOB: _____	Relation: _____	SELF/APPLICANT
Last Name: _____	First Name: _____	DOB: _____	Relation: _____	
Last Name: _____	First Name: _____	DOB: _____	Relation: _____	
Last Name: _____	First Name: _____	DOB: _____	Relation: _____	
Last Name: _____	First Name: _____	DOB: _____	Relation: _____	
Last Name: _____	First Name: _____	DOB: _____	Relation: _____	

** attach additional sheet if more household members.*

Type of Income Received By Household Member - List all income (**ATTACH PROOF**)

	Applicant (amount before tax)	Spouse/Partner (amount before tax)	Other Household Member (amount before tax)	Monthly	Yearly
Salary	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Self Employment	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other:	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

If you are not working, how do you meet your monthly expenses: ☐ Savings ☐ Borrowing ☐ Other: _____

SVT Health & Wellness Discount Program Agreement

My signature below indicates that:

- ☐ I understand that proof of income is required for all income sources listed above.
- ☐ I understand I must renew my application every year to continue receiving the discount
- ☐ I understand it is my responsibility to inform the clinic of any changes in the above information.
- ☐ I certify the information provided on this form is true and accurate.
- ☐ I authorize the SVT Health & Wellness to verify any of this information.





SVT
Health & Wellness
A branch of Seldovia Village Tribe

*Partnering in
the Journey!*



Discount Programs for Eligible Patients

SVT Health & Wellness is pleased to offer discount programs for qualifying patients. Previously, patients were only required to provide a self-attestation of income and household size. However, as of June 15, 2021, patients are required to provide proof of income in order to be eligible for the following discounts:

- Sliding Fee Discount for medical, dental, behavioral health and lab services.
- 340b "Care Card" program offering discounted or free medications.
- Senior Access Grant for dental services provided to patients aged 65+ with no dental insurance.

At your visit to our clinic, you will receive a one-time discount based on your stated income and household size. **That discount is effective for that visit only.** To maintain your discount for future services, you must submit an application with proof of household income prior to your next appointment or within 30 days, whichever comes first. Any of the following documentation is accepted as proof of income:

- ✓ Three (3) months of household paycheck stubs.
- ✓ Most recently completed income tax return or W2.
- ✓ Social Security, Public Assistance, Unemployment, disability or pension statements or benefit letters.

What defines a "household"? Household residents are people who live together in the same household, sharing expenses and meals (typically a family). Unrelated people living in a shared house who do not share income are not considered to be part of the patient's household (such a "room-mate").

After completing your application and gathering your proof of income documents, please call 907-226-2228 to make an appointment with Insurance Verification staff.

We hope to see you soon.

Emily Read, Director
SVT Health & Wellness

SVT Health & Wellness Locations:

Homer, Alaska 99603 • 880 East End Road | 907.226.2228 | fax: 907.226.2230
Anchor Point, Alaska 99556 • 72351 Milo Fritz Avenue | 907.226.2238 | fax: 907.226.2336
Seldovia, Alaska 99663 • 206 Main Street | 907.435.3262 | fax: 907.234.7880
Admin fax: 907.226.2343 | **Medical Records fax:** 907.435.3223

SVT Health & Wellness provides comprehensive medical and dental care to all patients in the communities of Seldovia, Homer and Anchor Point. Discounts are available to all patients who qualify, based on income and family size.

www.svthw.org