

Maniilaq Health Services

Financial Assistance Application

If your income is at or below the federal poverty guidelines, you may qualify for a discount on the cost of your medical care. Manillaq Health Services has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay. If no insurance is available, screening for Alaska Medicaid is encouraged but not required.

2025 ALASKA Poverty Guidelines

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Maniilaq Portion	100%	75%	50%	25%	0%
Patient Portion	0	charge = 25%	charge = 50%	charge = 75%	charge = 100%
Family Size	100%	150%	175%	200%	Above 200%
1	\$19,550	\$29,325	\$34,213	\$39,100	\$0
2	\$26,430	\$39,645	\$46,253	\$52,860	\$0
3	\$33,310	\$49,965	\$58,293	\$66,620	\$0
4	\$40,190	\$60,285	\$70,333	\$80,380	\$0
5	\$47,040	\$70,560	\$82,320	\$94,080	\$0
6	\$53,950	\$80,925	\$94,413	\$107,900	\$0
7	\$60,830	\$91,245	\$106,453	\$121,660	\$0
8	\$67,710	\$101,565	\$118,493	\$135,420	\$0

Families/household with more than 8 persons, add \$6880 for each additional person

Why do we need to know your household income?

- Some of our program budget comes from grant money. For most of these grants, income information from our patients is necessary to prove financial need in the communities we serve.
- These grants allow us to provide a much higher level of quality and greater availability of care than we could otherwise serve.
- In order to obtain these grants and to keep them, we need to provide demographic information, including financial resources of patients to prove that we are serving the people that grant money has been set aside for.

If you have any questions about sliding fee discounts, please contact the Patient Financial Services Department at Maniilaq. Email: PatientFinancialServices@maniilaq.org PH# 907-442-7238

I have been advised that I must return this application to the clinic within fifteen (15) days to receive a discount and if I do not do so by the expiration date, I will be required to pay 100% of the fee. I understand that the sliding fee discount does not apply to medications; eye clinic visits and equipment; hearing aids; and dental hardware, or services provided at the clinic by independent specialists or service providers. The sliding fee discount is a resource of last resort. Services will not be denied based on ability to pay.

Patient Name	Applicant Signature	Date
Grace Period Expires On:	MRM#	



Maniilaq Health Services

Eligibility Determination for Sliding Fee Discounts

Name	of Applicant:					Birth Date:	MRM:
Are vo	u covered by any	of the following for	rms of	incurance?			
a)	Private Insuran	_	No	Yes			
b)	Medicare		No	Yes			
c)	Medicaid		No	Yes			
d)	Marketplace In	surance	No	Yes			_
List all	l other household	members by name	e hirtl	hday age and fam	nily relation	nshin:	
Nar		members by name	c, 511 c.	DOB:	Age:	-	hip to Applicant:
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-			=				
			-				
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	ment Bonus, Disa ount:	bility, Interest/Div Pay frequency:		s, Rental Income, a	-		Paid to:
\$							
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source I have to my inform I agree any fa	es is true, accurate given this informa own and my hon nation to determin e to report any cha mily member with	, and complete to a tion concerning my usehold/family's a e applicable discou ange in either my ir	the be y finan ccount unt rat ncome the int	st of my knowledg icial situation and r its with Maniilaq F ie for my account. For my family size to formation I have gi	e. ny means a lealth Serv to MHS bef ven will co	and ability to vices (MHS). Fore or at the ontinue to be	hold/family's gross annual income from pay for the purpose of procuring discoul understand that MHS will rely on some of my next contact or any contact relied upon until it is changed.
 Signat	ure (Applicant/He	ad of Household)			_	 Date	