

**ALASKA FAMILY SERVICES
BEHAVIORAL HEALTH TREATMENT CENTER**

PROOF OF INCOME CHECKLIST

If you come in to sign up for a treatment program you must provide proof of your household gross income at your financial appointment. Your financial contract must be completed before you begin treatment.

Ultimately you, the client, are responsible for payment of all services.

- If you have **INSURANCE** please bring your insurance ID card, or insurance form with patient portion completed and signed. We will gladly bill your insurance. If your insurance does not cover any portion of your costs you will then become eligible for the sliding fee scale. You may want to call your insurance company or look in your policy to determine if your insurance covers the treatment you are about to begin.
- If you are covered by **MEDICAID OR DENALI KID CARE** please bring in your sticker, coupon, or card covering the current month. If Medicaid does not cover any portion of your costs you will then become eligible for the sliding fee scale. You will then become responsible for payment.

If you DO NOT have Insurance, Medicaid, or Denali Kid Care you must bring your most recent TAX RETURN, W-2, and 1099 (if applicable) And any of the following that apply:

- **LAST TWO CHECK STUBS (IF MARRIED SPOUSES ALSO)**
- **UNEMPLOYMENT**
- **WORKMANS COMPENSATION**
- **SOCIAL SECURITY INCOME**
- **RETIREMENT PENSION**
- **DISABILITY INCOME**
- **PUBLIC ASSISTANCE**
- **NATIVE CORPORATION DIVIDENDS**

If you do not provide adequate proof of income you will be charged at our customary full rate.

I acknowledge that I have received a copy of this form.

Client Name

Client Signature

Date