

Anchorage School Based Health Centers
c/o Christian Health Associates, 1825 Academy Dr., Anchorage AK 99507
Clark Clinic: 907-742-7782 Begich Healthy Spot Clinic: 907-742-0535

Student/Patient Information

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|------------------------|---|
| Patient's Last Name: | Patient's First Name: |
| Date of Birth: | Gender: Male Female (circle) |
| Mailing Address: | |
| City, State, Zip Code: | |
| Phone Number: | Other Phone Number: |
| Parent/Guardian Name: | |

Insurance Information

We are dedicated to making healthcare affordable and accessible to all students. We accept all insurance plans and welcome Medicaid/Denali Kid Care. Families with incomes below 100% of the federal poverty line will be charged a minimum fee of \$10. Families with incomes between 100% and 200% of the federal poverty line will be charged discounted fees based on income. We do not send accounts to collections. No money will be collected from students at the time of services. No one will be denied service based on inability to pay.

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| <i>CIRCLE Insurance Type:</i> | | | |
| Medicaid/Denali Kid Care | | Private Insurance | |
| No insurance/Self Pay | | | Other |

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|--|
| Insurance ID Number: |
| Insurance Subscriber's Full Name: |
| Parent/Insurance Subscriber's Date of Birth: |
| Patient's relationship to subscriber: |
| Insurance Company Name |
| Insurance Company Mailing Address: |

Sliding Fee Scale Information

Must be complete to receive sliding fee scale adjustments.

Without it and/or insurance information, you will receive a full bill for the services provided.

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| Household Size: | Household Income: (circle) Monthly or Annual |
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I acknowledge that the information provided is correct and it will be used to manage my account and process insurance claims. If the services are covered by insurance, I assign all reimbursement for such services to Anchorage School Based Health Centers and request that the insurance company pay the provider directly.

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| Parent Signature: | Date: |
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