

# ALASKA BEHAVIORAL HEALTH



## Alaska Behavioral Health Sliding Fee Scale Agreement

2021

Date:

Name:

**Source of Income:** (Circle all that Apply)

- 1) SSI      2) SSDI      3) UN-EMPLOYMENT      4) PUBLIC ASSISTANCE  
5) PLACE OF EMPLOYMENT 6) OTHER      7) NO INCOME (*take directly to No Income Acknowledgement form*)

**Attach Proof of Income and Medicaid denial letter here:**

Acceptable forms of proof of income include: pay stub, bank statement, tax return, SSI/SSDI/PA income approval letter, un-employment approval letter

**Number of Members in Household:** 1      2      3      4      5      6      7      8

*I acknowledge that the above, attached information is an accurate reflection of my household income. I understand that I am responsible for updating AKBH Billing Department of changes in income within 30 days. In addition, I understand I am responsible for payment of services rendered at AKBH, with or without a discounted rate.*

Client/Guardian Signature

Date

Thank you for completing the AKBH Sliding Fee Scale. After reviewing your information, our Billing Department will adjust your account, and statement, to reflect the discounted rate in which you have been approved. For additional information or questions regarding your sliding fee scale or account balance, please contact our Billing Department at (907) 563-1000



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## **No Income Acknowledgment**

I declare that I do not have any income from any sources. I understand that by signing this document I am attesting to this fact and understand that if income is discovered from any sources that I am held responsible for all services obtained from the Organization, Alaska Behavioral Health. I also agree to inform the Organization of any changes in income within one month of the change, to have a proper fee set done.

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Client Signature

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Date

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Witness Signature

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Date

# ALASKA BEHAVIORAL HEALTH

## AKBH Services, Rates and Basic Information

CPT CODE	SERVICE DESCRIPTION	RATE
90792	Psychiatric Evaluation w/ Medical Services	\$580.00
99201	New Patient, Evaluation & Management	\$125.00
99203	New Patient, Evaluation & Management, Detailed	\$375.00
99211	Established Patient, Evaluation & Management	\$75.00
99214	Established Patient, Evaluation & Management, Detailed	\$380.00
96372	Injection	\$100.00
99241	Primary Care Consult 15 min, Problem Focused	\$245.00
99242	Primary Care Consult 30 min, Expanded Problem Focused	\$315.00
99244	Primary Care Consult 60 min, Comprehensive	\$600.00
99385	Primary Care Preventative Exam 18-39 years- New Patient	\$415.00
99395	Primary Care Preventative Exam 18-39 years- Est Patient	\$360.58
99385	Primary Care Preventative Exam 18-39 years- New Patient	\$415.00
99395	Primary Care Preventative Exam 18-39 years- Est Patient	\$360.58
99386	Primary Care Preventative Exam 40-64 years- New Patient	\$465.04
99396	Primary Care Preventative Exam 40-64 years- Est Patient	\$385.70
90832	Individual Psychotherapy 30 min	\$150.00
90834	Individual Psychotherapy 45 min	\$200.00
90837	Individual Psychotherapy 60 min	\$250.00
90849	Multiple-Family Group Psychotherapy	\$225.00
90853	Group Psychotherapy	\$175.00
90847	Family Psychotherapy w/ Patient	\$260.00
90846	Family Psychotherapy w/o Patient	\$225.00
H2010	Comprehensive Medication Services	\$250.00
H2019	Therapeutic Behavioral Health Services- Individual	\$62.50
H2017	Recipient Support Services, 15min, Per Unit	\$25.00
H2015	Comprehensive Community Support Services	\$40.00
T1016	Case Management, Per Unit	\$50.00
H0031	Mental Health Intake Assessment	\$550.00
H0031HH	Integrated Mental Health and Substance Abuse Intake Assessment	\$580.00
H2011	Short-Term Crisis Stabilization Services	\$45.00

Rates are subject to change without notice.

Does not include all services provided by AKBH. For a complete list of services please contact  
Fee Sets are valid for one-year.

Fee Sets will not be applied towards Medicaid, Medicare or Private Insurance Co-Payments or  
Deductibles.

For questions on sliding fee scales or to obtain a full list of charges, please call (907) 563-1000

## Alaska Behavioral Health- Sliding Fee Scale

**Annual Income - Table 1**

Family Size	\$\$ Less than	25%		50%		75%	
1	15,950	15,951	21,267	21,268	26,583	26,584	31,900
2	21,550	21,551	28,733	28,734	35,917	35,918	43,100
3	27,150	27,151	36,200	36,201	45,250	45,251	54,300
4	32,750	32,751	43,667	43,668	54,583	54,584	65,500
5	38,350	38,351	51,133	51,134	63,917	63,918	76,700
6	43,950	43,951	58,600	58,601	73,250	73,251	87,900
7	49,550	49,551	66,067	66,068	82,583	82,584	99,100
8	55,150	55,151	73,533	73,534	91,917	91,918	110,300
<b>Sliding Fee</b>	<b>0%</b>	<b>25%</b>		<b>50%</b>		<b>75%</b>	

**Monthly Income - Table 2**

Family Size	\$\$ Less Than	25%		50%		75%	
1	1,329	1,330	1,772	1,773	2,215	2,216	2,658
2	1,796	1,797	2,394	2,395	2,993	2,994	3,592
3	2,263	2,264	3,017	3,018	3,771	3,772	4,525
4	2,729	2,730	3,639	3,640	4,549	4,550	5,458
5	3,196	3,197	4,261	4,262	5,326	5,327	6,392
6	3,663	3,664	4,883	4,884	6,104	6,105	7,325
7	4,129	4,130	5,506	5,507	6,882	6,883	8,258
8	4,596	4,597	6,128	6,129	7,660	7,661	9,192
<b>Sliding Fee</b>	<b>0%</b>	<b>25%</b>		<b>50%</b>		<b>75%</b>	

**Scales are based on 2020 Poverty Income Guidelines per Federal Register and Notices**

- 1) Using either Table 1 or Table 2 locate the row with the number of family members in the household.
- 2) Then select the column with the appropriate income.
- 3) Drop to the bottom of the table for the Sliding Fee Scale.