



Albany Community Health Clinic

1174 North 22nd Street

Laramie, WY 82072

Phone: (307) 766-3313

Fax: (307) 766-3316



Sliding fee scale information

Regardless of your insurance status, you may be eligible to receive care at a reduced cost through our Sliding Fee Scale program.

To apply, you will need the following:

- Photo Identification
 - Examples include driver's license, state ID, passport, student ID
- Proof of address
 - Examples include utility bill with name and address; rent receipt with name and address; proof of staying in a group home, shelter, or residential treatment facility
- Income verification
 - In order to determine where you fall on the sliding fee scale, we must first determine your family/household income. We make this determination based on the individuals listed on your tax return or a return where you are listed as a spouse or dependent. In order to document family/household income, the following documentation is required:
 - Most recent tax return
 - If you are **unable to provide a copy of tax return**, please complete the attached IRS 4506T
 - If your **income has changed** since filing your tax return or IRS form 4506T, please also include:
 - Current pay stubs, current social security benefit letter, unemployment benefit letter or denial letter, worker's compensation statement
 - If you **have no income**, in addition to your tax return or IRS form 4506T, please also include one of the following:
 - A copy of a denied employment letter,
 - A copy of the letter from the Department of Family Services that shows eligibility for the Wyoming SNAP program,
 - A letter from the Cornea Shelter verifying a recent stay at the shelter, or
 - If anybody gives you money on a monthly basis to pay your expenses, a letter explaining the arrangement.

Would you like to apply for the sliding fee scale? Yes No