

ACCESS BEHAVIORAL HEALTH SERVICES

Discounted/Sliding Fee Application

It is the policy of Access Behavioral Health Services to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services which are purchased from outside, including reference laboratory testing, medications and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. Please inquire at the front desk if you have questions.

Name:		Phone:
Address:		
City:	State:	Zip:

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
Other		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Unemployment compensation, worker's compensation, social security, supplemental security income, veterans' payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs and other information verifying income may be required before a discount is approved.

Signature _____

Date: _____

Office Use Only

Patient Name _____

Approved Rates: Intake \$____ Medication Management \$____ Counseling \$____ Case Management \$____

Approved By: _____ Date: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used