

SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

FAMILY BEHAVIORAL SERVICES, LLC.

Sliding Fee Discount Application

It is the policy of FAMILY BEHAVIORAL SERVICES, LLC to provide essential services regardless of the patient's ability to pay. FAMILY BEHAVIORAL SERVICES, LLC offers discounts based on family size and annual income.

Please complete the following information and return it 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 or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

| | | | |
|----------|--------|------|--------|
| NAME: | | | |
| ADDRESS: | | | |
| CITY: | STATE: | ZIP: | PHONE: |

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

| Household Members | Name | Date of Birth |
|-------------------|------|---------------|
| SELF | | |
| OTHER | | |
| OTHER | | |
| OTHER | | |

| Source | Self | Other | Total |
|---|------|-------|-------|
| Gross wages, salaries, tips, etc. | | | |
| Income from business and self-employment | | | |
| Unemployment compensation, workers' 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.

Name (Print)

Signature

Date

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

| Verification Checklist | Yes | No |
|--|--------------------------|--------------------------|
| Identification/Address: Driver's license, utility bill, employment identification, or other | <input type="checkbox"/> | <input type="checkbox"/> |
| Income: Prior year tax return, three most recent pay stubs, or other | <input type="checkbox"/> | <input type="checkbox"/> |

Self-declaration of income may also be used. Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>