



## Sliding Fee Schedule Program

### INTRODUCTION

Date Completed: \_\_\_\_\_

It is the policy of The Healing Impact to provide mental health services regardless of the patient's ability to pay. Discounts are offered based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines. Once approved, the discount will be honored for one year, after which the patient must reapply. A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required. Authorized adolescent patients seeking short-term confidential care are exempt from the application process. Services are provided at the nominal rate as indicated below.

### PATIENT DEMOGRAPHICS

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Last Name	First	Middle	Date of Birth	Age
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Street Address	City	State	Zip Code
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Phone Number (Cell)	Home	Email	Social Security Number
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Gender:  Male  Female      Marital Status:  Single  Married  Divorced  Partnered  Separated  Widowed

Race/Ethnicity:  Caucasian  African American  Hispanic  Asian  Native American  Other: \_\_\_\_\_

### REQUIRED INFORMATION

The following items are required to process your application for the Sliding Fee Scale Program. Your application will not be processed without the requested information. Any information given to The Healing Impact will be kept confidential. If the information proves fraudulent, we reserve the right to cancel your sliding fee scale status and bill you in full for all previous visits.

- A complete listing of household members, their ages, and the relationship to the patient.
- Proof of household incomes. Any incomes by any household member must be reported (employment wages, Social Security, pensions, child support, alimony, etc.). We must have a minimum of three current check stubs for every member in the household. If check stubs are not available, you must provide a current tax form or notarized statement from the employer.
- If you have no income, you must have proof of applying for Medicaid benefits or a copy of Food Stamp Certification and provide a notarized letter from the person(s) that supports you.

**The Healing Impact must be notified immediately if:**

- There is a change of income of any family member in the household.
- Any member of the household obtains insurance of any kind.
- There is a change of mailing address.

You must pay your co-pay at the time of each visit. If you are temporarily qualified for the sliding fee scale by one of our counselors and do not supply the required documentation within five business days, you will be responsible for the remaining balance on your account. If payment is not received, The Healing Impact reserves the right to terminate your eligibility in the sliding fee scale program and pursue further collection efforts.

**CERTIFICATION OF INCOME STATUS**

Please list all household family members. This does not include guests, roommates, or non-dependent family members.

Source	Amount	Weekly	Bi-weekly	Monthly	Annually
Salaries and Wages (self)					
Salaries and Wages (spouse)					
Pension Plan/IRA					
Workman's Comp (SSI)					
Social Security (self/spouse)					
Social Security (children)					
SSI (supplemental security)					
Child support/Alimony					
Tip Income					
Military/VA Benefits					
Public Assistance/Food Stamps					

Please list all dependent family members by name, date of birth, and social security number. Please include yourself.

Name	Birth date	Social security number

