# JOHN R DAY & ASSOCIATES, LTD
# CHRISTIAN PSYCHOLOGICAL ASSOCIATES

## SLIDING FEE DISCOUNT APPLICATION

It is the policy of Christian Psychological Associates to provide counseling services to those with no insurance or insurance with whom we are not in network. Discounts are offered based on family size and annual income. For the purposes of this program, a family is a head of household, spouse/partner and children dependents. ***The discount will apply to counseling services only***. This form must be completed every 12 months or when your financial or insurance situation changes.

Please complete the following information and return to our office to determine if you or members of your family are eligible for a discount. If completing online, please email the completed form to home@christianpsychological.org or **fax to 309-692-2262**. The sooner we receive the application, the sooner you will know your discounted fee if any.

**Patient: ________________________Responsible Party*: ___________________________Phone: _________________**

* The Responsible Party is the person who initiates counseling/therapy for self or minor dependent and will be responsible for payments. Please see the Financial Policy for more details.

**Please list spouse/partner and dependents under age 18.**

| Name | Relationship | Age |
|---|---|---|
| | | |
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| | | |

**Annual Household Income**

| Source | Self | Spouse | Dependent under 18 | Total |
|---|---|---|---|---|
| Gross wages, salaries, tips, etc. | | | | |
| Income from business, self-employment, and dependents | | | | |
| Unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income | | | | |
| Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources | | | | |
| **Total Income** | | | | |

**IMPORTANT: Please send a copy of your most recent Tax Return and 2 most recent pay stubs with your application before a discount can be approved. Application may be rejected due to lack of sufficient proof of income.**

I certify that the family size and income information shown above is correct. **I certify that I do not have insurance at this time, and that I must inform Christian Psychological Associates immediately if/when I do.** I understand that any misleading information or omissions may disqualify me from the discount program, and I will be responsible for the full fee of all visits previously on sliding fee.

**Reason client is applying for discount: _________________________________________________________________**

**Signature of Responsible Party: _____________________________________________ Date: ______________________**

# Office Use Only

Patient Name: _______________________________________________ Approved Discount: ___________________

Approved By: _____________________ Date Approved: _____________ Number of sessions approved: __________

| Verification Checklist | Yes | No |
|---|---|---|
| Prior year's tax return | | |
| Two most recent pay stubs | | |
| Insurance card (s) including Medicaid card | | |

Reason Not Approved: ________________________________ By: _____________________ Date: _____________