

# CENTERPOINT COUNSELING SERVICES

## Sliding Fee Discount Information and Application

It is the policy of Centerpoint Counseling Services to provide essential services regardless of the patient's ability to pay. CCS offers discounts based on family size and annual income. 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 services with outside contractors and not those services or materials purchased from outside, including reference laboratory testing, drugs, and test interpretations by consulting clinicians, and other such services. You must complete this form every 12 months or if your financial situation changes.

<b>NAME OF HEAD OF HOUSEHOLD</b>			<b>PLACE OF EMPLOYMENT</b>	
<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE</b>

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT NAME	
SPOUSE		DEPENDENT NAME	
DEPENDENT NAME		DEPENDENT NAME	
DEPENDENT NAME		DEPENDENT NAME	
DEPENDENT NAME		DEPENDENT NAME	

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance or scholarships, alimony, child support, assistance from outside the household, and other miscellaneous sources				
<b>Total Income</b>				

**NOTE:** Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

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 ID, or	<input type="checkbox"/>	<input type="checkbox"/>
Income: Prior year tax return, three most recent pay stubs, or other	<input type="checkbox"/>	<input type="checkbox"/>
Insurance: Insurance Cards	<input type="checkbox"/>	<input type="checkbox"/>