SLIDING SCALE FEE PROGRAM

APPLICATON

CASA-Trinity, Inc. provides essential services regardless of a patient's ability to pay. Our "Sliding Scale Fee Program" is based on family size and annual income. In order to qualify for a "Sliding Scale Fee Program" the client must have had previously applied for insurance and got denied or have no behavioral health benefits with their current coverage. This form must be completed to apply to the program and must be updated every 12 months and when a financial change occurs. To apply, complete this form and sign the attached Policy document. Submit both documents to CASA-Trinity Front Office staff along with required documents (3-4 current paystubs and driver's license or other form of identification), or mail signed policy and form along with copies of required documents to CASA-Trinity, Inc, Attn: Billing Department, 45 Maple Street, Dansville, NY 14437. All information is kept confidential.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

LIST SPOUSE AND DEPENDENTS UNDER AGE 18

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
SELF		DEPENDENT	
SELF		DEPENDENT	
SELF		DEPENDENT	
SELF		DEPENDEN	

ANNUAL HOUSEHOLD INCOME

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 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				

I certify that the family size and income information shown above is correct.

Print Name:	
Signature:	
Date:	

FOR OFFICE USE ONLY

Patient Name: ____
Approved Discount: ____
Billing Specialist: ____
Clinic & Clinician: ____
Clinic Supervisor: ____
Recommendation, Signature, Date: ____
Approved by (CFO):____
Date Approved: ____

VERIFICATION CHECKLIST	YES	NO
Identification/Address: Driver's License, employment ID, or other		
Income: 3-4 current pay stubs		
Insurance: Insurance Cards		