



Sliding Fee Discount Program Application Form

SLIDING FEE DISCOUNT APPLICATION: It is the policy of Families First Counseling and Psychiatry to provide essential services regardless of the patient's ability to pay. Discounted fees are offered depending upon household income and number of members in the family. Please complete the following information and return to billing@ffcpmd.com to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at our office to include initial diagnostic assessments, psychiatric evaluations, individual therapy, group therapy, crisis sessions and family therapy. Please inquire at the front desk if you have questions. This form must be completed every year or sooner if financial situation changes.

Date _____

Renewal Date _____

Patient Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Home _____ Cell _____

Please list all persons living in your household, including those under 18 years of age

	Names of Person's in Household	Date of Birth
1		
2		
3		
4		
5		
6		
7		
8		



Please list all income as specified below – Annual Amounts

SOURCE:	Self	Other	Total
Form W-2 or paystubs			
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 of household, and any other miscellaneous income from other sources			
Total Income			

Self-declaration of income may also be used

I have read and understand this agreement and have had the opportunity to ask questions.

Patient / Guardian Signature

Date

Patient/Guardian Name Printed

Date



OFFICE USE ONLY:

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Items need for Verification	YES	NO
Identification/Address: Driver's License, utility bill, Employment ID, or other		
Income: Prior Year Tax Return, Recent Paystubs, other financial statements, etc.		

CONFIDENTIALITY: Families First Counseling and Psychiatry (FFCP) will legally abide by the laws and Licensing Board regulations concerning patient(s) to confidentiality. All information relating to this application will also be kept confidential, in compliance with HIPPA requirements. Information released from FFCP will be by informed consent signed by the patient(s) providing information to other persons or agencies.