

Center for Therapeutic Services and Psychodiagnostics

Discounted/Sliding Fee Acknowledgment Page

Policy

It is the policy of the Center for Therapeutic Services and Psychodiagnostics (CFTSAP) to provide essential mental health services regardless of the patient's ability to pay. Discounts are offered based upon household income and size. 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 six months, after which the patient must reapply. If your financial situation changes you are required to notify the front desk within 30 days. If it is determined that you have not notified CFTSAP within a timely fashion of financial changes then services can be terminated and you will not be eligible for further discounted rates.

Discount Application Process

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. Additionally documentation will be required in your application to verify current financial status. **Verification will typically include tax returns and current pay stubs (2-3 most recent). Eligibility also may be based on current participation in certain federal/state public assistance programs, including:**

- **Social Security Disability income (SSDI);**
- **temporary assistance for needy families (TANF);**
- **free or reduced School lunch program;**
- **other public assistance programs.**

Your application will not be processed unless documentation is attached to the application. Adolescent patients seeking confidential care are exempt from the application process, and services are provided at the minimal rate.

If services are rendered prior to approval and it is determined that you do not meet the discounted/sliding fee rate you will be responsible for payment in full of services rendered. All payments will be made prior to delivery of services unless otherwise indicated and formally noted. Regardless of payment type and fee arrangements, if payment arrangements are not made within 30 days of service delivery then the bill will be turned over to a collection agency.

Discounted/Sliding Fee Application

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 those services which are purchased from or recommended for a client with outside agencies, including medical testing and/or consultations, psychiatric referrals, drug screens, and polygraphs, psychological test interpretation by a consulting psychologist, and other such mental health services. In the hope that your financial situation improves, discounts apply only to current, not future services. This form must be completed bi-annually. If your financial situation changes you are required to notify the front desk within 30 days. Please inquire at the front desk if you have questions.

I acknowledge that I understand the above policy and practices and will abide by the requirements of this policy. I have the right to terminate services at will but accept responsibility for fees accrued for services rendered.

Primary Client(s) Printed Name

Signature/date

If Client is Under 18 years of age:

Signature/date

Printed Name of Guardian

Signature of Staff Approval/date