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Sliding Fee Scale - Application

Restored provides a sliding-fee scale to those who may qualify because we feel everyone deserves affordable care for their mental health. It is our privilege to provide essential services regardless of one's ability to pay. Our Sliding Fee Scale is based on family size and annual income, and you will be asked to provide proof of identity/address as well as proof of income.

Please complete the following information and return it to your therapist 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 or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Legal Name:				
Street	City	State	Zip	Phone

Please list all household members, including those under the age of 18:

	Legal Name	Date of Birth
Self		
Other		
Other		
Other		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from businesses and self-employment			
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 the household; and other miscellaneous sources			
TOTAL INCOME:			

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

Name (Print): _____

Signature & Date: _____

OFFICE USE ONLY:

Patient name: _____

Approved rate/discount: _____

Approved by: _____

Date approved: _____

Verification checklist:	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		