Sliding Fee Application

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name to be Billed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of people in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize ViaQuest to review my financial information and verify that I have provided correct and complete documentation regarding income and household occupants.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature ViaQuest Staff verification

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| --- |
| 2012 Federal Poverty Guidelines (yearly) |
| Family Size |  | 200% | 400% |
| 1 | $0-$22,339 | $22,340-$44,679 | $44,680+ |
| 2 | $0-$30,259 | $30,260-$60,519 | $60,520+ |
| 3 | $0-$38,179 | $38,180-$76,359 | $76,360+ |
| 4+ | $0-$46,099 | $46,100-$92,199 | $92,200+ |
| Hourly Rates | Minimum | 50% | 100% |
| Psychiatric | $50 | $211 | $420 |
| MH Assessment | $40 | $130 | $260 |
| Counseling/CPST Individually | $30 | $90 | $180 |
| CPST Group | $20 | $40 | $80 |

(Services may be billed in 30 minute increments, rounded to the closest ½ hour but can not be for less than the minimum charge regardless of length)