

607 Washington Street; PO Box 1216 Williamston, NC 27892 (252) 792-8035 office phone; (252) 792-8045 fax (252) 364-3181 alternate fax

Sliding Fee Discount Program Application

It is the policy of Comprehensive Interventions, Inc. to provide behavioral health services to the patient's ability to pay. Discounts are offered based on family size and annual income. 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 or equipment that are purchased from outside entities, including reference laboratory testing, drugs, and X-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Name of Head of Household:

Address:	
Place of Employment:	
Please list spouse and dependents under the age of 18.	
Name	Date of Birth
Self	
Spouse	
Dependent	



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Annual Household Income: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

Source	Self	Spouse	Oth	ier	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					
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.					
Name (Print): Signature/Date:					
OFFICE USE ONLY Patient Name: Approved By/	/Date:				
Verification Checklist			Yes	No	
Identification/Address: Driver's License, Utility Bill, Employment ID, or other					
Income: Prior year tax return, three most recent pay stubs, or o	other				
Insurance cards: Insurance cards					