Sliding Fee Discount Application

It is the policy of Calvert County Behavioral Health to provide essential services regardless of the patient's ability to pay. Calvert County Behavioral Health offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk or billing department representative 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.

Applicant Name:	
Street Address:	
Mailing Address (If different then street address above):	
Phone Number:	
Email Address:	

Family Size Verification: Please list all household members, including those under age 18.

Household Members	Name	Date of Birth
Self		

Annual Income Verification:

Income Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business 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(s): _____

Approved 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, two most recent pay stubs, or other		

Self-declaration of income may also be used.