



Request for Reduced Fees Sliding Fee Application

PATH Behavioral Healthcare is committed to providing high-quality mental health services to all persons, regardless of their ability to pay. As such, we have developed a discounted sliding fee scale for our services. Please complete this form, so that we can determine your eligibility for discounted fees. No one will be denied access to services due to inability to pay. This discounted/sliding fee schedule is available based on family size & income. Monthly statements will be sent through email to the client on the Sliding Scale Fee Schedule. Clients are not sent to collections for refusal to pay.

PATH Behavioral Healthcare will not discriminate in the provision of health care services to an individual:

1. Because the individual is unable to pay for the health care services;
2. Because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or
3. Based upon the individual's race, color, sex, age, national origin, disability, religion, gender identity or sexual orientation.

Full Legal Name of applicant: _____

Name of service recipient (if not the applicant): _____

Address: _____

City/State/Zip: _____

Do you currently have insurance: ☐ Yes ☐ No

Do you need assistance applying for Medicaid? ☐ Yes ☐ No

How many people are in your family? _____

What is your total gross annual household income? _____

Your signature below certifies that the information you have provided here is accurate to the best of your knowledge.

Applicant signature _____ Date _____

-----FOR OFFICE USE ONLY-----

Gross annual income _____ Proof of income: ☐ Tax Return (required)

Family Size _____ % FPE _____ % Discount _____

Completed by: _____ Date _____

Notes: _____



Specifications about Application

Family size: Refers to the number of individuals included in a household unit. It is used as a determining factor in calculating fees or eligibility for certain services or programs.

The family size is determined by considering all individuals who live together and share common living expenses, such as rent or mortgage, utilities, and food. This includes individuals related by blood, marriage, or adoption, as well as non-relatives who are part of the household, such as foster children or domestic partners.

Total gross annual household income: Household income generally includes various types of income, such as:

- **Earned Income:** This includes wages, salaries, self-employment income, tips, and bonuses.
- **Unearned Income:** This encompasses income from sources other than employment, such as interest, dividends, rental income, pension, Social Security benefits, alimony, child support, or unemployment benefits.
- **Public Assistance:** This may include income from government assistance programs like Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), or General Assistance (GA).
- **Other Income:** This category can cover miscellaneous sources of income, such as gifts, prizes, royalties, or regular financial contributions from relatives or friends.

PATH requires that you provide your most recent tax return to verify this information.

Frequency of Application: If client experience changes in their income or start receiving Medicaid/Medicare, it is necessary for them to submit a new application within a 30-day period to reflect the updated information.

PATH's Sliding Scale Advertising Procedures: The Sliding Scale Fee Schedule is advertised to all clients across all sites of PATH Behavioral Healthcare. Signage will be posted in each site that we do not discriminate in the provision of health care services to an individual:

- Because the individual is unable to pay for the health care services;
- Because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or
- Based upon the individual's race, color, sex, age, national origin, disability, religion, gender identity or sexual orientation.

The Sliding Scale, offered by PATH, is prominently promoted to all clients through our website, Pathihc.com. Clients can reach out to the office where they receive services or email billing@pathihc.com for any inquiries regarding the Sliding Scale. In cases where clients lack computer access to view this information, PATH will arrange for them to use a computer to access the necessary materials.

Collections Process: Monthly statements will be sent through email to the client on the Sliding Scale Fee Schedule. Clients are not sent to collections for refusal to pay.

Nominal Charge: A nominal charge of \$111.11 is applicable for our sliding fee schedule.

*A nominal charge refers to a small or insignificant fee or cost associated with a particular service or product. It is typically a minimal amount that is charged as a formality to cover administrative expenses.