

DAYMARK Recovery Services

Medicaid# : _____ MR# _____

Client Name: _____ DOB _____

SERVICE FEES AND SLIDING FEE SCHEDULE

DAYMARK Recovery Services, Inc. sets our fees and sliding fee scale based on current rates in the field. Most people will find these fees and sliding fee scale appropriate for what you can afford to pay. If your financial information changes while you are being seen here, please ask the receptionist to talk to someone in billing about this. If you do not have any medical coverage/insurance, you will need to bring the following as proof of income:

****PLEASE NOTE EFFECTIVE 4/1/10, FULL FEE WILL BE CHARGED TO THE CONSUMER IF WE HAVE NOT BEEN PROVIDED DOCUMENTATION REGARDING PROOF OF INCOME BY THE SECOND APPOINTMENT.****

DO NOT LEAVE THIS FORM BLANK!

<i>Please check the following as proof of income:</i>	
• _____	Current Pay Stub
• _____	Most recent W2
• _____	Copy of most recent tax return
<i>Please complete the following:</i>	
Annual Income ÷ 12 = Monthly Income	
\$ _____ ÷ 12 = \$ _____	put on 1st bulleted item below
• _____	Provide Monthly Income
• _____	Number of dependents* in your household
• _____	Percentage to pay (based on sliding fee scale sheet)
Select income source (we will need to make a copy of your documentation):	
_____	Disability Determination
_____	Child Support
_____	Unemployment check
_____	Social Security check
_____	I do not have any source of income.
_____	Other – please write in source(s) below.
_____	Homeless

Please bring your Social Security card, insurance cards, Medicaid and/or Medicare cards as well as any co-pays and/or required payment of services.

If the information above is not supplied to Daymark by the second visit, it is possible that future visits will not be scheduled until information is received.

Client's Signature

Date

Parent/Guardian Signature

Date