



**CONFIDENTIAL**

## Application for Fee Assistance

Client Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gross Income (before taxes and other withholding)					Amount *must include all household income*
<i>Circle the correct period: Week 2x/Month Month Year</i>					
Client	W	2x/M	M	Y	
Spouse	W	2x/M	M	Y	
Child Support	W	2x/M	M	Y	
Other Income	W	2x/M	M	Y	
Other Income	W	2x/M	M	Y	
Family Members					
<i>Name and Date of Birth</i>					
Self					
Spouse/Partner					
Children					
Children					
Children					
Other					
Other					
Total number of Dependents					
Proof Of Income Needed				*must include proof for all parties even when filing separately while living in same household*	
First 2 pages of current Income Tax Return					
Latest Pay Check Stub					
IF UNEMPLOYED: need date of unemployment and date of last unemployment benefits distributed					
Unusual Expenses or Circumstances:					

**Consent and Signatures**

I/we have read and understand the information regarding the fee adjustment policies of the Samaritan Center. I/we agree to inform my/our therapist of any change in the above financial information (both increases and decreases).

**Please sign:**

Client/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Date \_\_\_\_\_

## **FEE ADJUSTMENT POLICY**

1. Fee adjustments are based on the amount of money you can contribute, any insurance payments available, and contributed support from the Samaritan Center.
2. In accepting a fee adjustment from the Samaritan Center, you agree to inform your therapist of any changes in your family income, whether increases or decreases.
3. Fee adjustments are granted for 12 sessions. As those sessions near completion, you and your therapist will need to discuss appropriate next steps. If you continue with therapy sessions after the 12 initial sessions the Fee Adjustment rate increases 20% for every 12 sessions. (example if you pay \$25.00 for the first 12 sessions, your next 12 sessions will increase to \$30.00 per session and so forth)
4. Clients are expected to make the full adjusted payment at each session. If The Samaritan Center is filing for insurance on your behalf and there is a reimbursement made, the funds are applied to the session covered by insurance. If insurance pays the total of allowable charges there will be no fee assistance applied to that session and any payments made to The Samaritan Center for that session above the allowable charges for IN-NETWORK providers will be credited to the clients account. That session will then NOT count towards your 12 session approval. If you have concerns or questions regarding the handling of your application for fee adjustment, feel free to discuss them with your therapist.
5. Fee adjustments are also granted for Group Sessions, this fee will vary depending on the group session offered. This will be determined at time of group sign-up and discussed on an individual basis.
6. Fee Assistance is not given on any missed appointments under 24 hours noticed, or no call no shows. The full fee will be billed and due at your next session along with your regular approved fee for sessions.
7. The Samaritan Center makes contributions to client fees through various Samaritan Funds. Money for these funds comes through charitable contributions from individuals, groups, service organizations, churches, businesses, and corporations. The Center receives no funding from the federal government or from United Way.

### **Office Use Only**

Fee according to scale: \_\_\_\_\_ (# of sessions) at \$ \_\_\_\_\_

Fund Approve/Applied to:

<input type="checkbox"/> Samaritan General Fund	<input type="checkbox"/> Silent Samaritan Fund (women)
<input type="checkbox"/> Jonathon Fund (adolescents)	<input type="checkbox"/> Small Fry Fund (children)
<input type="checkbox"/> Samaritan Serenity Fund (addictions)	<input type="checkbox"/> Veteran's Fund
<input type="checkbox"/> Pastoral Fund	

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

***The Samaritan Center***  
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