



Advanced Behavioral Health Sliding Fee Program

If you do not have medical or dental insurance or if your insurance does not cover certain services, you may be eligible to enroll in our Sliding Fee Program. Fees are discounted based on household size and income. You will be asked to provide:

1. Proof of household income: 1040 tax form for the most recent year, first page.
2. W2 form for the most recent year, if applicable
3. Most current annual social security or pension statements.
4. Last 3 pay stubs, if applicable.
5. Copy of utility bill(s), phone bill, cable/internet bill.
6. Any other income received by your household prior to receiving our services.

Please return the form and copies of your documents to the front desk.

Next steps:

- Our office will review the application. If any additional information is needed we will contact you.
- Review will take approximately 2 weeks and you will receive a letter with the qualification details.
- This application must be renewed every 12 months or upon change in financial needs or medical coverage.

If you have any questions, please contact 301-345-1022

There will be a nominal charge of \$25 for no-shows. Please call and cancel your appointment if you cannot keep it.



Sliding Fee Program Application

Client Name: _____ Date of Birth: _____

Address: _____
 Street Address *Apartment/Unit #*

 City *State* *ZIP Code*

Phone: _____ Email: _____

Name of Head of Household: _____

Relationship to Client: _____

Please list self, spouse, and dependents under age 18.

Name	Date of Birth	Name	Date of Birth

Source	Self	Spouse	Other	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				\$

NOTE: Copies of tax returns, pay stubs, or other information verifying income will be required before a discount is approved.



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to financial assistance, I understand that false or misleading information in my application may result in my release from eligibility.

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Client Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

Verification Checklist	YES	NO
Identification/Address: Driver's License, utility bill, employment ID, or other		
Income: Prior tax return, three most recent pay stubs, or other		
Insurance: Copy of insurance card(s), verified.		