

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
_____ Homeless – I do not have any source of income.
_____ Other – please write in source(s) below.

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