



Northwest Neurobehavioral Health, LLC Discount Fee Policy Application

It is the policy of Northwest Neurobehavioral Health, LLC (NNH) to provide essential mental health services regardless of the client's ability to pay. Discounts are offered based upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for four (4) months, after which the client must reapply.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all mental health services received at this clinic, but not those services for which you may be referred. Please notify us immediately if your financial situation changes. Payment for discounted services is expected at the time of service.

Number of related persons living in your household: _____

Total household income: Complete one column

Household Member	Household Income Annual	Household Income Monthly	Household Income Bi-Weekly
Self			
Spouse			
Dependent children under age 18			
TOTAL			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment, and public aid.

I certify that the family size and income information shown above is correct. **Copies of supporting documentation verifying income are required before a discount is approved.** Please include them with your application.

Name of responsible party (please print)

Signature

Date

Name of Client if different than above (please print)

2076 S. Eagle Rd. Meridian, ID 83642 Phone: (208)955-7333 Fax: (208)955-7330

Office Use Only	
Patient Name _____	Discount _____
Date of Service _____	Approved by _____