CENTENNIAL
MENTAL HEALTH CENTER
Moving lives forward

SLIDING FEE APPLICATION

Centennial Mental Health Center, Inc. offers our Sliding Fee Discount Program (SFDP) for uninsured and underinsured residents In Colorado. If you do not have medical insurance, or if you have high copays and/or deductibles consider applying for this valuable sliding fee discount program. Our Sliding Fee Discount Program is designed to meet the Mental Health and Substance Use Disorder needs of individuals who meet specific income guidelines. Fees are set on a sliding scale that is based upon both income and the number of people in your household. Please note that federal guidelines are subject to change. CMHC truly cares about our clients. We want to make it as easy as possible for each individual to live the best and healthiest life possible. To apply, please contact your local office front desk staff.

What is a Sliding Fee Discount Program?

Centennial Mental Health Center, Inc. offers an extensive variety of services and are pleased to provide most of our services through the Sliding Fee Discount Program. We provide the Sliding Fee Discount Program option for our income-eligible clients based on annual household income and number of dependents in the household. This program could reduce the rate fee you would normally pay for our full fee services

Intake/Assessment $195.00
Individual $104.00
Group $45.00
Family $137.00

Uninsured and underinsured clients are encouraged to apply for our Sliding Fee Discount Program.

Understanding Sliding Fee Discount Program

How to apply for the sliding fee program

Sliding Fee Application – to apply for sliding fee program (SF), you need to complete the sliding fee application form wherein you will indicate your income and household size. Aside from the application form, you also need to submit documented proof of income. This documentation can include such as:

- Pay check stubs
- Current income tax return
- Forms from Medicaid or other state funded medical assistance
- Forms from employers or welfare agencies

If the client has other circumstances that indicate financial hardship such as-

- Proof of bankruptcy
- Catastrophic situations (death or disability in the family, divorce)
- Documentation that shows that the client would be unable to pay the full fee rates for services and still be able to pay for basic necessary expenses.

Clients with Third Party Coverage – Clients with insurance coverage are still eligible for the sliding fee discount.

Declining Sliding Fee Eligibility – Clients who decline the SF eligibility may still be reconsidered for the program any time once they complete a current application and submit the necessary documents.

Updating Sliding Fee Status – all clients are required to update their income statement documentation every year.

Administrative Offices
211 W. Main St
Sterling CO 80751
Phone: (970) 522-4549 Fax: (970) 522-9544
www.CentennialMHC.org

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Approval-If you are approved for the Sliding Fee Program, you will receive a letter indicating the level of reduction in fees. If at any time you are not compliant with the guidelines and stipulations applied to this process, your application will be terminated and account balances could return to full fee.

Income shall be annualized from the date of request based on the documentation provided and upon verbal information provided by the client. The annualization process will also take into consideration seasonal employment and temporary increases and /or decreases to income.

Completion of this application does not mean your request will be granted or that you will be relieved of financial responsibility.

All information relating to Sliding Fee Discount Program requests will be kept confidential.

FINANCIAL DISCLOSURE FORM

Please provide the following information so we may complete your application:

- ☐ Most recent IRS tax forms (Must be signed)
- ☐ Paystubs for the past 30 days for **all** persons employed in the home
- ☐ Unemployment statements for the past 30 days
- ☐ Driver's License or identification card for adults
- ☐ Proof of all other income received in the past 30 days
- ☐ Proof of all outstanding bills
- ☐ DHS Denial Letter
- ☐ Medicaid forms or card
- ☐ Attached financial statement (completely filled out and signed)

Please be sure to sign the attached financial statement. Your request will NOT be processed if this is not signed.

Please return all items (as applicable) on this checklist (in person or by mail).

Centennial Mental Health Center (CMHC) is a non-profit organization dedicated to providing the highest quality comprehensive mental health services to the rural communities of Northeastern Colorado.
Mission:
To help individuals, families, and communities enhance the quality of their lives.
Vision:
We envision a future where: Youth are resilient; Families are healthy; Communities are thriving; and Asking for help is normalized

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Financial statement payment plan/uncompensated services application.

Client Name: _____

Date(s) of Service: _____

Name of Responsible Party: _____

Relationship to Client: _____

Spouse: _____

Address: _____

Telephone: _____

Can we leave a message? ☐Yes ☐No

Number of Family Members (Living in the Household): _____ _____
Adults Children

Monthly family income & source

☐Client ☐Spouse ☐Responsible Party

Monthly Salary (Gross)	$_____
Public Assistance Benefits	$_____
Unemployment Benefits	$_____
Social Security Benefits	$_____
Workman's Compensation	$_____
Child Support	$_____
Other (Alimony, Etc.)	$_____

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE CENTENNIAL MENTAL HEALTH CENTER, INC. TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEEDS.

_____ _____
Signature of Person Making Request Date

_____ _____
Signature of Spouse/Other Date

DO NOT WRITE BELOW THIS LINE- FOR OFFICE PERSONNEL USE ONLY

This document was received on _____ (date)

Received By: _____ (Name/Title)

Approved Fee: _____

Approved by: _____
Accounts Receivable Manager

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