



Outpatient Services Discounted Rate Policy 2021

The discount rate is offered to individuals receiving outpatient services. Each individual's rate is based on established federal poverty levels, insurance and medical benefits, and ability to pay.

If you are uninsured and not covered by any other program you will be asked to complete an application for a discounted rate for services. Documentation may be needed to verify eligibility.

Required documentation may include:

- Previous year's 1040 tax form
- One month of pay stubs
- 1 unemployment stub
- Food Stamp Award Letter
- Copy of Social Security or Disability Check
- Letter from an employer that states your salary or wages

Once eligibility for the discounted rate is established, and a fee is established, payment may be made by cash, check, or credit card.

The highest rate for individuals whose income is at least 100% of the federal poverty guidelines is \$50. All whose income is incrementally less than 100% will be asked to pay a fee based on a sliding scale.

Please ask a Bridgeway staff person for the complete discounted fee chart.

Examples:

A family of 4 whose income is less than \$26,500 will not be asked to pay a fee.

A family of 4 whose income is between \$26,501 – \$33,125 will be asked to pay \$20 per session.

A family of 4 whose income is between \$33,126 - \$39,750 will be asked to pay \$30 per session.

A family of 4 whose income is between \$39,751 - \$53,000 will be asked to pay \$40 per session.

A family of 4 whose income is between \$53,001 + will be asked to pay \$50 per session.

Discounted Fee Application



Last Name		First		M.I.	Date
Street Address			Apartment/Unit #		
City	State		ZIP		
Phone	E-mail Address				
DOB	Social Security No.		Marital Status		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE 18

Name	Date of Birth	Name of Dependents	Date of Birth
Self			
Spouse			
Dependent			
Dependent			

INCOME

If no income attach letter of support

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, veterans benefits				
Alimony, child support, military family allotments				
Income from business/self-employment and dependents				
Rent, interest, dividend, other income				
Total				

I certify that the family size and the income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (print) _____

Date _____

Signature _____

Office use only

Name	Discount
Date of Service	Approved by

VERIFICATION CHECKLIST (ATTACH COPIES)

	Yes	No	Reason for document not being obtained
Driver's License/ State ID (required)			
Birth Certificate			
Employment ID			
Social Security Card			
Prior Tax Return (W2)			
Pay Stubs (2) Bi-Weekly or (4) Weekly			
Insurance Card (if any)			
Medicaid Application submitted or evidence of rejection letter			

Documentation Checklist

Identification

- State ID, County ID, Social Security card, Employment ID

Income

- Prior year tax return (W2), Pay stubs (2) Bi-Weekly (4) Weekly

Insurance

- Cards if any

Medicaid

- Application submitted or evidence of rejection from Medicaid