



**Neuropsychology, Behavioral Health,  
And Psychiatry Services**  
**84 Ohio St.**  
**Butte, MT 59701**

**Phone: 406-646-2470**

**Fax: 406-299-3911**

**SLIDING FEE DISCOUNT PROGRAM APPLICATION**

It is the policy of Mountain West Psychological Resources (MWPR) to provide essential services regardless of a patient’s ability to pay. MWPR offers discounts based on family size and annual income.

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, which would cover 6 months prior to the application date and any balances incurred within the 12 months after the approved date.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

If at any time during this application process you need assistance, please feel free to contact our Front Office Manager or General Manager at Mountain West Psychological Resources.

**APPLICATION STATUS:**  New Application     Change in Income     Renewal

**PATIENT INFORMATION:**

_____	MI	_____	____/____/____		
First		Last	Date of Birth		
_____	_____	_____	_____	_____	_____
Primary Phone #		Mailing Address	City	State	Zip

**RESPONSIBLE PARTY (for those < 18 years of age or have guardianship status):**

_____	MI	_____	____/____/____		
First		Last	Date of Birth		
_____	_____	_____	_____	_____	_____
Primary Phone #		Mailing Address	City	State	Zip

**Please list all household members, including those under age 18.**

NAME		DATE OF BIRTH
SELF		
OTHER		
OTHER		
OTHER		
OTHER		

**Total Number of Household Members:** \_\_\_\_\_

SOURCE	SELF	OTHER	OTHER	OTHER	TOTAL
Gross wages, salaries, tips, etc.					
Income from business and self-employment					
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income					
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources					
<b>TOTAL INCOME</b>					

**I certify that the family size and income information shown above is correct.**

**Patient Name (Print):** \_\_\_\_\_

**Signature of Patient or Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Patient Name:** \_\_\_\_\_ **Approved Discount:** \_\_\_\_\_

**Approved Discount:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

**Verification Checklist:**

- Identification/Address: Driver's license, utility bill, employment identification, or other Yes.    No.
- Income: Prior tax return, three most recent pay stubs, or other (*self-declaration of income may also be used*). Yes.    No.

**FEDERAL POVERTY GUIDELINES:** As stated, the SFDP is based on household size and income only. Upon acceptance of the application, the following table will be used to calculate the discounted fee rate for services rendered for each patient visit (i.e., the discount will be applied to each billable unit provided).

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount):

ANNUAL HOUSEHOLD INCOME									
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F	
			0% pay	80% discount	50% discount	20% discount	10% discount	0% discount	
			At of below 100%	120%	150%	180%	200%	Above 200%	
<b>FAMILY SIZE</b>		<b>1</b>	\$14,580	\$17,496	\$21,870	\$26,244	\$29,160	>\$29,160	
		<b>2</b>	\$19,720	\$23,664	\$29,580	\$35,496	\$39,440	>\$39,440	
		<b>3</b>	\$24,860	\$29,832	\$37,290	\$44,748	\$49,720	>\$49,720	
		<b>4</b>	\$30,000	\$36,000	\$45,000	\$54,000	\$60,000	>\$60,000	
		<b>5</b>	\$35,140	\$42,168	\$52,710	\$63,252	\$70,280	>\$70,280	
		<b>6</b>	\$40,280	\$48,336	\$60,420	\$72,504	\$80,560	>\$80,560	
		<b>7</b>	\$45,420	\$54,504	\$68,130	\$81,756	\$90,840	>\$90,840	
		<b>8</b>	\$50,560	\$60,672	\$75,840	\$91,008	\$101,120	>\$101,120	
		For each additional person, add:	\$5,140	\$6,168	\$7,710	\$9,252	\$10,280	>\$10,280	