

Sandhills Behavioral Care, PLLC

d/b/a Sandhills Best Care, PLLC

523 Rockingham Road
Rockingham, NC 28379
Phone: 910-562-9882
Fax: 910-562-9955

SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

Sliding Fee Discount Information

It is the policy of Sandhills Behavioral Care to provide essential services regardless of the patient's ability to pay. Sandhills Behavioral Care 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.

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.

NAME: _____

STREET: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

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

	NAME	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Sandhills Behavioral Care, PLLC

d/b/a Sandhills Best Care, PLLC

523 Rockingham Road
 Rockingham, NC 28379
 Phone: 910-562-9882
 Fax: 910-562-9955

Source	Self	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			
TOTAL INCOME			

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

Name (Print): _____

Signature: _____ Date: _____

Sandhills Behavioral Care, PLLC

d/b/a Sandhills Best Care, PLLC

523 Rockingham Road
Rockingham, NC 28379
Phone: 910-562-9882
Fax: 910-562-9955

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.