

Helena Valley Addiction Services

25 S Ewing St STE 525

Helena MT 59601

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www.helenavalleyaddictionservices.com

Discount Schedule Eligibility Application

Name _____ DOB _____ SSN _____

It is the policy of HVAS to provide essential services regardless of the client's ability to pay. HVAS offers discounts based on family size and annual income. Please complete the following and return it to the front office to determine if you or members of your family are eligible for a discount.

You must complete this form every 12 months or anytime your financial situation changes. You will be responsible for the full amount of the visit(s) and the discount will not be applied to your account until you give HVAS the required proof of income. If proof of income is given to us within 30 days of the visit, and if you are eligible, the discount will be applied retroactively six months prior and all following visits for the next 12 months unless a change occurs.

Income Verification - Applicants MUST provide one of the following: prior year W-2, two most recent pay stubs. Letter from employer or Form 450-t (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business.

Self-declaration of Income may one be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to Helena Valley Addiction Services CEO or his designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

NAME OF HEAD OF HOUSEHOLD: _____

LIST ALL INDIVIDUALS WHO LIVE WITH YOU:

NAME	RELATIONSHIP TO YOU
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL NUMBER IN HOUSEHOLD _____

Place of Employment _____

Do you work seasonally only? __Yes __No

Do you have health insurance? __Yes __No If yes, what is the deductible amount? \$_____

Do you have Medicaid? __Yes __No Did you apply? __Yes __No Were you denied? __Yes __No

Do you have Medicare? __Yes __No Are you eligible to apply? __Yes __No

Include the total of ALL INCOME that you and those living in your household receive.

Income includes: earnings, unemployment compensation, worker’s compensation, Social Security, Supplemental Security Income, public assistance, veteran’s payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Total Annual Household Income \$_____

PLEASE READ AND SIGN - I authorize all government agencies, employers and any companies or agencies or persons listed herein to provide information about me to Helena Valley Addiction Services, the State of Montana, and/or the Federal government. I also authorize HVAS to disclose this information to agencies, third party payers and other health care providers as necessary to qualify me for reduced fees. I certify that the statements regarding the persons and income in my household are true and correct to the best of my knowledge. I further understand if any information is found to be inaccurate, I may be denied a discount and/or subject to legal action for knowingly providing false information. I agree to notify HVAS of all changes in income, insurance, address, living arrangements, number of household members, and/or other circumstances. I understand that the information given above will be kept confidential except for the purposes noted above and not be released without my written permission. I also understand that if I do not agree with any decision made concerning this application, I have the right to ask for a review by the business manager and/or CEO. Thank you for your cooperation!

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Client name _____

Approved discount \$ _____

Approved by _____ Date _____

VERIFICATION CHECKLIST

Identification/Address: Driver’s License, utility bill, employment ID, other YES NO

Income: Prior year tax return, three most recent pay stubs, other YES NO

Insurance: Insurance Cards YES NO