



# GROUPWORKS

—WELLNESS & RECOVERY SERVICES—

201 1<sup>st</sup> Street East  
Park Rapids, MN 56470

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groupworkswellness.com

## Sliding Fee Discount Application

It is the policy of GroupWorks LLC to provide essential services regardless of the patient's ability to pay. Discounts are offered 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 that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If under 18 years, parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County in which you live: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell# \_\_\_\_\_

Please list all people living in the household. If additional space is needed, please continue the list on back of this application.

Name	Age	Relationship	Employer

Name	Age	Relationship	Employer

Name	Age	Relationship	Employer

Name	Age	Relationship	Employer

Name	Age	Relationship	Employer

Name	Age	Relationship	Employer

**Household Income**

SOURCE OF INCOME	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' 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				
<b>TOTAL INCOME</b>				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

**Please read and sign:**

By signing this form, I certify that the family size and income information shown above is correct. I agree to pay my Sliding Fee Co-Payment at the time of each visit. I also understand that referral services outside of GroupWorks are not covered by my Sliding Fee Co-Payment. If my income changes, I will notify GroupWorks of those changes and provide updated income documentation.

\_\_\_\_\_  
**Signature of applicant (or applicant's guardian)**

\_\_\_\_\_  
**Date**

=====  
**For use by GroupWorks, staff**

Application for chart # \_\_\_\_\_

Date received \_\_\_\_\_

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

Total number in household \_\_\_\_\_

Total Household Income \_\_\_\_\_

Income Determination:     Weekly                       Bi-Weekly                       Monthly                       Annual

Applicant qualifies for Sliding Fee     Yes – qualifies for Class \_\_\_\_\_                       No

Application Reviewed by \_\_\_\_\_

\_\_\_\_\_  
**Signature of GroupWorks staff**

\_\_\_\_\_  
**Date Application Approved**