



Reduced Fee Application

West Bergen Mental Healthcare is a private, not for profit organization. The Agency is dependent upon fees which are generated by the cost of treatment services. West Bergen works with individuals who may have financial difficulties. Clients who are requesting a reduced fee must fill out the following form and attach it with required documentation as outlined below. Please note that review of a client's approved reduce fee will take place on an annual basis.

Please return all materials to your therapist or send directly to:

*Access Department
West Bergen Mental Healthcare
1 Cherry Lane
Ramsey, NJ 07446
Fax – 201-934-1102*

If you need additional information, please call Access at 201-934-1160

PLEASE MAKE SURE THE PACKAGE IS COMPLETED OR IT WILL BE RETURNED TO YOU

Please attach the following documents with your request:

- Most recent IRS 1040 statement
- Two most recent pay stubs for each employed member of your household and/or proof of unemployment benefits/disability Benefits
- Court documented alimony/child support payments (if applicable)
- Legible copy of Insurance Card – front and back (if applicable)

Subscribers Name: _____
Birthdate: _____ SS# _____

Total Annual Household Income: \$ _____

Today's Date: _____ Client's Name: _____

Guardian's Name: _____ Client's Phone: _____

Client's Address: _____

Client's E-mail: _____

Assigned Therapist's/Medicating DR/ APN Name: _____

Current Services Provided/Frequency: _____ Current Client Fee (s): _____

Reason for Reduced Fee: _____

Client's Signature _____ Date _____

For Office Use Only

Adjusted Fee _____ Approval Date _____ Staff Signature _____

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