



**West Bergen Mental Healthcare, Inc.  
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 reduced fee will take place on an annual basis. In addition, if you obtain insurance coverage during your reduced fee status, it is your responsibility to alert your therapist prior to the coverage becoming active.

**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 the Access Department 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)

Subscriber's Name:

Birthdate:  SS #:

Total Household Income: \$

Today's Date:  Client's Name:

Guardian's Name:  Client's Phone:

Client's Address:

Client's Email:

Assigned Therapist/Prescriber:

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

Reason for Reduced Fee:

Client's Signature:

**\*\*For Office Use Only\*\***

Adjusted Fee:  Approval Date:  Staff Signature: