



SERVICE LOCATION:
COMPLETE PAYOR SEQUENCE:

**FEE REDUCTION REQUEST FORM**

CLIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ I.D. #: \_\_\_\_\_

RESPONSIBLE PARTY NAME AND ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

TOTAL HOUSEHOLD MEMBERS: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_ **(Income verification must be attached to form)**

ANNUAL EXPENSES: \_\_\_\_\_

If annual expenses exceed annual income, please explain: \_\_\_\_\_

*I am requesting a reduction in my fee at RiverValley Behavioral Health. I attest that this information is true and correct.*

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_  
**Date**

**THIS SECTION FOR INTERNAL USE ONLY**

CURRENT DIAGNOSIS: \_\_\_\_\_

CLIENT HAS BEEN IN SERVICES SINCE: \_\_\_\_\_

ESTIMATED TIME TO CONTINUE SERVICES: \_\_\_\_\_

# OF TIMES SEEN MONTHLY: \_\_\_\_\_

\_\_\_\_\_  
**Therapist Signature** \_\_\_\_\_  
**Date**

CURRENT SELF-PAY BALANCE: \_\_\_\_\_

REQUESTED REDUCTION: \_\_\_\_\_

EXPLANATION FOR REDUCTION: \_\_\_\_\_

\_\_\_\_\_  
**Business Office Signature** \_\_\_\_\_  
**Date**

THE BUSINESS OFFICE MUST SEND THE FEE REDUCTION REQUEST FORM AND ANY ATTACHED DOCUMENTATION VIA MAIL TO THE FINANCE DEPARTMENT AT THE REGIONAL OFFICE IN OWENSBORO. THE FINANCE DEPARTMENT WILL APPROVE OR DENY THE REQUEST AND RETURN SUCH REQUEST TO THE BUSINESS OFFICE.

Reduction Request:  APPROVED, Fee Reduction Effective Until: \_\_\_\_\_  DENIED

\_\_\_\_\_  
**C.F.O. Signature** \_\_\_\_\_  
**Date**