

INSERT YOUR LETTERHEAD HERE

WAIVER OF FULL CLIENT FEE AUTHORIZATION FORM

" New

" Extension

Client Name: _____ Client SSN: _____
 Date of Admission: _____ Type of Service: _____
 Amount of Full Waiver: _____

All waivers must be accompanied by income eligibility documentation

INABILITY TO PAY JUSTIFICATION & DOCUMENTATION: Below check all those that apply:

- Financial Hardship
- Homelessness – without permanent address, without income, no disability income & no other income
- Student Assistance Assessment
- Released from Jail – from date of release from jail, a one time **30 day** waiver of fees if needed due to financial stresses.
Date of Release: _____
- No Other income
- Medicaid Spend-down – as per the Insurance Benefit Policy
- Adolescents – in addition to the above, Lack of Parental Involvement – refusal to pay
- Adolescents – Lack of Parental Involvement – no parental signature/permission to bill insurance.

The above referenced client is eligible to have a fee waiver relative to his/her indigent status and his/her current inability to pay for the above services.

 Program Director's Signature _____
Date

 Client's Signature _____
Date

Begin Date _____ Expiration Date _____

Waiver Extension _____ Expiration Date _____

Fee Waiver must be filed in client's file. Failure to have proper documentation in the client's file will be subject to adjustments.

Form F103