WebMed Mental Health Services
www.WebMedMN.com
(p) 218.310.8896 / (f) 218.206.6276
Info@WebMedMN.com

SLIDING FEE DISCOUNT APPLICATION

This form is to be completed every 6 months or if your financial situation changes.

It is the policy of WebMed Mental Health Services to provide essential services regardless of the patient's ability to pay. We offer discounts 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 mental health services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, medication, and genesight testing.

Head of Household Name:
Patient Name:
Address:
Phone Number

SLIDING SCALE APPLICANT CHECKLIST

Items 1-4 must be completed & turned in with a completed Sliding Fee Discount Application to be considered for approval.

1. Identification - please provide	
	ID card
2. Income Verification - please provide at least **one of the two** listed below	
	Prior year tax return
	2 most recent pay stubs
3. Eligible Dependent (s) - Must have **at least one** for each dependent / household member	
	Prior year tax return
	Custody document
	Guardianship document
4. Alternative Payment - must be completed prior to Sliding Scale Approval	
	MNSure Insurance Application Completed *(can be completed at WebMed)*

WebMed Mental Health Services
www.WebMedMN.com
(p) 218.310.8896 / (f) 218.206.6276
Info@WebMedMN.com

Total family size : _____

Relationship to Head of Household	Name	Date of Birth
Self		
Spouse		
Dependent		
Dependent		
Dependent		
Other		
Other		

Income Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Total Income from business, self-employment, and dependents				
Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.				
			TOTAL:	

I certify that the family size and income information listed above is correct			
Name:			
Signature:		**Date:**	

WebMed Mental Health Services
www.WebMedMN.com
(p) 218.310.8896 / (f) 218.206.6276
Info@WebMedMN.com

OFFICE USE ONLY

		Date:	
Patient Name:		**DOB:**	

Identification - must have on file	
	ID card
Income Verification - must have at least of the the two listed below on file	
	Prior year tax return
	2 most recent pay stubs
Eligible Dependent (s) - Must have at least one for each dependent / household member	
	Prior year tax return
	Custody document
	Guardianship document
Alternative Payment - must be completed prior to Sliding Scale Approval	
	MNSure

Approved Discount / Level Assignment:	
Date Approved:	
Employee Approved:	

WebMed Mental Health Services
www.WebMedMN.com
(p) 218.310.8896 / (f) 218.206.6276
Info@WebMedMN.com

PSYCHIATRY & THERAPY SLIDING FEE SCHEDULE

Household Size	Level 1 $10	Level 2 $40	Level 3 $75	Level 4 $100	Level 5 $125
1	$0 - $18,825	$18,826 - $22,590	$22,591 - $26,355	$26,356 - $30,120	$30,121 - $45,180
2	$0 - $25,550	$25,556 - $30,660	$30,661 - $35,770	$357,71 - $40,880	$40,881 - $61,320
3	$0 - $32,275	$32,276 - $38,730	$38,731 - $45,185	$45,186 - $51,640	$51,641 - $77,460
4	$0 - $39,000	$39,001 - $46,800	$46,801 - $54,600	$54,601 - $62,400	$62,401 - 93,600
5	$0 - 45,725	$45,726 - $54,870	$54,871 - $64,015	$64,016 - $73,160	$73,161 - 109,740
6	$0 - $52,450	$52,451 - $62,940	$62,941 - $73,430	$73,431 - $83,920	$83,921 - $125,880

*Please indicate on application & discuss with WebMed Staff if household size is over 6.

OUTPATIENT SUD TREATMENT SLIDING FEE SCHEDULE

	Charge	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Group Rates						
Group Hour Rate	$50	$25	$30	$35	$38.33	$41.66
Group Day (3h)	$150	$75	$90	$105	$115	$125
Group 9 hr/week	$450	$225	$270	$305	$345	$375
Individual Rates						
Individual rate	$150	$30	$40	$60	$75	$100
Comp	$450	$50	$75	$90	$10	$125

Tier 5: Uninsured same-day / upfront payment rate if not qualified for sliding fee discount.