

Accend Services is committed to providing high-quality mental health services to all persons, regardless of their ability to pay. As such, we have developed a discounted sliding fee scale for our services. Please complete this form, so that we can determine your eligibility for discounted fees.

Name of applicant _____

Name of service recipient (if not the applicant) _____

Address _____ City _____

State _____ Zip code _____

Do you currently have insurance? yes no

If yes, who is the insurance provider? _____

What is your member/group number? _____

We ask that applicants for reduced fee services meet with our certified MnSure Health Insurance Navigators to explore and apply for healthcare insurance if they can find affordable coverage.

Do you agree to meet with one of our navigators to explore your health insurance options? yes no

How many people are in your family? (you, spouse & dependent children) _____

What is your total household income? _____ monthly yearly

Your signature below certifies that the information you have provided here is accurate to the best of your knowledge.

Applicant Signature _____ Date _____

..... For office use only.

Family size _____ Gross yearly income _____

% FPE _____ % Discount _____

Completed by _____ Date _____

Notes