

CENTRAL VIRGINIA PREFERRED PROVIDERS (CVPP)
SLIDING FEE DISCOUNT PROGRAM APPLICATION

5911 West Broad Street, Suite A
Richmond, Virginia 23230

The Sliding Fee Discount Program (“SFDP”) is available to eligible patients based on household income and family size using current Federal Poverty Guidelines (“FPG”), regardless of insurance status.

Completion of this application does not guarantee eligibility. Applications are reviewed in accordance with the CVPP Sliding Fee Discount Program Policy and current Federal Poverty Guidelines.

No patient will be denied access to medically necessary behavioral health or substance use treatment services due to inability to pay.

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

HOUSEHOLD INFORMATION

Total Number of People in Household: _____

Please list all household members residing within the household.

Name	Relationship	Age
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HOUSEHOLD INCOME INFORMATION

Total Monthly Household Income: _____

Source(s) of Income:

- ☐ Employment Income
- ☐ Self-Employment Income
- ☐ Unemployment Benefits
- ☐ Disability Benefits
- ☐ Social Security Benefits
- ☐ Public Assistance
- ☐ Other: _____

Applicants are not required to separately report informal financial assistance, child support payments, or non-recurring personal support not reflected within the income verification documents submitted with this application.

Current Federal Poverty Guidelines may be reviewed through the U.S. Department of Health and Human Services website.

Federal Poverty Guidelines

REQUIRED DOCUMENTATION

Please submit documentation sufficient to verify household income and family size.

Documentation may include:

- ☐ Two most recent pay stubs
- ☐ Prior year federal income tax return
- ☐ Social Security, disability, unemployment, or other benefit statement
- ☐ Other documentation of household income: _____

Additional documentation may be requested when necessary to verify household income or family size.

Failure to provide sufficient documentation to verify household income and family size may delay the eligibility determination.

INSURANCE INFORMATION

Insurance Status:

- ☐ Uninsured
- ☐ Medicaid

- ☐ Medicare
☐ Commercial/Private Insurance
☐ Other: _____

Insurance Company: _____

Policy/Member ID: _____

Policy Holder Name: _____

Insurance status does not determine eligibility for the Sliding Fee Discount Program. Eligibility is based on household income and family size in accordance with current Federal Poverty Guidelines.

For patients with insurance coverage, applicable third-party coverage will be utilized in accordance with payer requirements. Sliding Fee Discount Program eligibility may be applied to eligible patient financial responsibility in accordance with the CVPP Sliding Fee Discount Program Policy and applicable payer requirements.

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information may result in denial of Sliding Fee Discount Program eligibility.

I understand that eligibility determinations are based solely on household income, family size, and current Federal Poverty Guidelines, regardless of insurance status.

I understand that approval under the Sliding Fee Discount Program is valid for twelve (12) months unless there is a significant change in household income or family size.

I understand that discounted charges are determined according to my approved Federal Poverty Guideline tier and the current CVPP Sliding Fee Discount Schedule.

I agree to notify CVPP if my financial circumstances change significantly during my eligibility period.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Application Received Date: _____

Household Size: _____

Verified Household Income: _____

Federal Poverty Guideline Percentage: _____

Approved SFDP Tier:

☐ Tier 1 — 0%–100% FPG — Tier 1 nominal charges apply

☐ Tier 2 — 101%–150% FPG — Tier 2 discounted charges apply

☐ Tier 3 — 151%–200% FPG — Tier 3 discounted charges apply

☐ Not Eligible — Above 200% FPG

Eligibility Effective Date: _____

Eligibility Expiration Date: _____

Reviewed By: _____

Reviewer Signature: _____

Date: _____