Adjusted Payment Plan Application

This form is used to help Washburn Center for Children determine if you qualify for a reduced fee on past due balances. **Please fill out the information requested below and return this form with a copy of two (2) pay stubs or your most recent income tax return** to the Client Accounts Coordinator. If you have questions or concerns, feel free to contact them at 612-872-3361. **Please make sure to attach the requested documentation and don't forget to sign and date your application.**

Client Name: _____

Date of Birth: _____ Account #: _____

Responsible Party Name: _____
Responsible Party Address: _____
_____
_____

Responsible Party Phone: _____

Gross Income: Yearly: $ _____ Monthly: $ _____

Family Size:
# of Adults: _____ # of Children: _____

☐ I am the sole financially responsible party for the above client
☐ I am NOT the sole financially responsible party for the above client
Please provide information of additionally responsible party:
Name:
Address:
Phone:

The Client A/R Coordinator will contact you with the information regarding the reduction and payment plan options.

Note: Be sure to notify our office immediately of any changes in your income or insurance status.

_____ _____
Signature of Financially Responsible Party Date

OFFICE USE ONLY:
Amount of Slide: _____ % Date Processed: _____
Monthly Payment Amount: _____ Initials: _____

MAIN: 1100 Glenwood Ave, Minneapolis, MN 55405-1430 Tel: 612.871.1454 Fax: 612.871.1505 washburn.org
NORTHWEST: 9100 85th Ave. N., Suite 100, Brooklyn Park, MN 55445-2126
WEST: Brenwood Office Park I – Suite 310, 5720 Smetana Dr, Minnetonka, MN 55343-7357

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