



Sliding Fee 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 the Billing team at 612-677-2899. **Please make sure to attach the requested documentation and remember to sign and date your application. If the information is not complete, your application cannot be processed.**

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: _____

Additional comments:

The Client Accounts Coordinator will contact you with additional information regarding the reduction and payment plan options if needed.

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: _____