

The fee for treatment at Buegrass.org varies according to the treatment. I understand that I will be charged the full cost for my treatment unless I complete the following fee application.

Client Name (Print)		Social Security Num		unt Number Staff Only)	
PROCESSING FEE:	Applic	able	Non-Applicable		
I understand that a \$ fee is not refundable and i	procein no way guarante	essing fee will be char ees acceptance into th	ged. I further understar ne program,	nd that this processing	
Receipt Number:	II				
I wish to apply for a fee a all household members' in any form of public assista	come and sources	oss (before taxes) inc , such as wages, AFD	ome in my household is C, child support, social s	as follows (please list security, rental income,	
	Relationship	Gross Annual Income	<u>Income Source</u> (List type per above)	Income Verification  (FOR STAFF ONLY) List type supplied	
				9	
		\$			
		\$		· ·	
Total number of househol	d members:	Total Gro	ss Annual Income \$		
I hereby accept responsib% of charge. I al be established.	ility for payment o so understand tha	of all fees pertaining to t if additional services	o my care. I understand s are provided, a new pe	that my fee is rcentage of charge will	
Client Signature		Date	Staff	Staff Signature	