Siyan Clinical RESEARCH

www.siyanresearch.org
707-206-7268
480 Tesconi Circle, Suite B
Santa Rosa, CA 95401

SIYAN CLINICAL RESEARCH

It is the policy of Siyan Clinical Research to provide behavioral healthcare services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside entities, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

The following services and corresponding rates apply in the application of the Siyan's Sliding Scale:

Type of Service	Fee for Service
Psychiatric Evaluation	$250.00
Suboxone Evaluation	$300.00
Psychiatric Follow-Up	$150.00
Psychotherapy Evaluation	$125.00
Psychotherapy Follow-Up	$125.00
Urine Analysis	$25.00

Sliding Fee Schedule	A		B		C		D		E		F
Family Size	At or Above	Below	At or Above	Below	At or Above	Below	At or Above	Below	At or Above	Below	Above
Poverty Level %	≤ 100%		>101% ≤ 138%		> 139% ≤ 150%		> 151% ≤ 175%		> 175% < 200%		> 200%
1	$0	$13,590	$13,591	$18,754	$18,755	$20,385	$20,386	$23,783	$23,784	$27,180	$27,181
2	$0	$18,310	$18,311	$25,268	$25,269	$27,465	$27,466	$32,043	$32,044	$36,620	$36,621
3	$0	$23,030	$23,031	$31,781	$31,782	$34,545	$34,546	$40,303	$40,304	$46,060	$46,061
4	$0	$27,750	$27,751	$38,295	$38,296	$41,625	$41,626	$48,563	$48,564	$55,500	$55,501
5	$0	$32,470	$32,471	$44,809	$44,810	$48,705	$48,706	$56,823	$56,824	$64,940	$64,941
6	$0	$37,190	$37,191	$51,322	$51,323	$55,785	$55,786	$65,083	$65,084	$74,380	$74,381
7	$0	$41,910	$41,911	$57,836	$57,837	$62,865	$62,866	$73,343	$73,344	$83,820	$83,821
8	$0	$46,630	$46,631	$64,349	$64,350	$69,945	$69,946	$81,603	$81,604	$93,260	$93,261

For families with more than 8 persons, add $4,720 for each additional person.

Medical and Specialty	Nominal Fee $25	$50	$75	$100	$125	Full cost
Dental	Nominal Fee $40	60% discount	50% discount	40% discount	20% discount	Full cost

Head of Household: (First, Last)

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Place of Employment:

Address (Street, City, State, Zip):

Phone: (Including area code)

Please list spouse and dependents under age 18:

Name (Fist, Last)	Date of Birth	Relationship
		Self
		Spouse / Domestic Partner
		Dependent
		Dependent
		Dependent
		Dependent
		Dependent

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Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print): _____

Signature: _____

Office Use Only

Patient name: _____ Approved by: _____

Approved Discount: _____ Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		