

Sliding Fee Discount Application





It is the policy of ComWell to provide essential services regardless of the individuals 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 a member of your family are eligible for a discount.

The discount will apply to counseling, psychiatric and substance misuse treatment.

**Services not included in the discount are medications, drug testing, receipt of medical records and other such services.*

ComWell Promises To

-  Serve all individuals regardless of ability to pay or geographic location.
-  Offer discounted fees for individuals who qualify.
-  Not deny services based on an individuals:
 - Age
 - Sex
 - Race
 - Color
 - Religious Belief
 - Ethnic or National Origin
 - Gender Identity
 - Marital Status
 - Physical, Mental or Other Disability
 - Sexual Orientation
 - Native Language
 - Citizenship
 - Genetic Information
 - Pregnancy
 - Any other characteristic protected by law
-  Accept Medicare, Medicaid, CHIP and most major insurance plans.

Contact Us

Fax

1.888.388.1971

Red Bud

10257 State Route 3
Red Bud, IL 62278
618.282.6233

Chester

2517 State St
Chester, IL 62233
618.826.4547

Sparta

104 Northtown Dr
Sparta, IL 62286
618.443.3045

Okawville

109 West Elm St
Okawville, IL 62271
618.243.2091



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Name: _____ DOB: _____

Guardian Name (if applicable): _____

Address: _____

Place of Employment: _____

Unemployed: Unemployed but Currently Seeking Employment Unemployed
 Not in the Workforce Seasonal Worker Laid off Job

Please list spouse and dependents under age 18:

Self/Guardian: _____

Spouse: _____

Dependent Names:

Annual Household Gross Income:

Please provide copies of latest Tax Return, 4 weeks of Pay Stubs or other information verifying income to help determine eligibility. Determination is not made until documentation is attached.

| Source | Self/Guardian | Spouse | Other | Total |
|---------------------|---------------|--------|-------|-------|
| Annual Gross Income | | | | |

Total Gross Wages \$ _____

Total Family Size _____

I certify that the family size and income information show above is correct:

Signature

Date