



... the one stop center for social services

2703 West State Street, New Castle, PA 16101
Phone: 724-657-3303 Fax: 724-657-3326 www.pinpa.org

APPLICATION FOR
People In Need Self-Pay Client Agreement

Please complete the following application for a Self-Pay Billing Agreement

Payment is due at each scheduled appointment.

Our office accepts Cash, Check or Credit Cards.

Court ordered and self-pay patients will be assigned a payment plan.

Name _____

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Annual Household Income: _____

List Members Living in Household (include self):

Name	Age	Relationship to Client

Use back of page for additional household members.

Client must provide most recent Income Tax Filing which includes client's name.

Client must provide a Wage Statement for each member of household over 18 years old.

I UNDERSTAND THAT IF I PROVIDE ANY FALSE INFORMATION THAT SERVICES WILL BE DENIED BY PEOPLE IN NEED.

Client Signature _____

Printed Name _____

Date: _____

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TO BE COMPLETED BY PEOPLE IN NEED

Fee Per Session/Per Visit to be Paid: _____

(Attach Wage Statement and most recent Income Tax Filing.)

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I understand that I am responsible for the full amount of my bill for services provided the day of my visit.

Signature (Client or Guardian)

Date