



PsychAid Clinic Application Form

We are currently seeking a limited number of clinics to utilize our PsychAid pilot program. If approved, patients will be allowed to receive 8 hours of psychological assistance during a 12 month time period. The financial inclusion criterion is a family income of under \$25,000, or a personal income of less than \$20,000 if living alone.

If approved, you must collect the co-pay of \$5 for each visit from the patient. You will need to send verification of this collection with your invoice. Your clinic will then be reimbursed an additional \$95 for each approved hour of service.

Approval for funding is provided in 8-session blocks. Currently, due to limited funds, one PsychAid patient will be approved per clinic at any one time. Funding is currently provided by Dr. Svec Institute and Rehabilitation Clinics.

A site visit may be required prior to approval

Clinic or Clinicians Name:	
Chief Clinician:	
Email Address:	
Address:	
Phone Number:	
Practice History:	
Why should yours be a PsychAid approved clinic?	

Complete this form and fax it to the attention of PsychAid Clinic Administrator at:
519-419-4124 Please allow 30 days for processing