



Welcome to School Based Therapy

1. **Please fill out all information completely.**
 - a. Email all Forms to: registration@cherokeehealth.com
 - OR
 - b. Drop off to any of our offices.

2. **Please also Including:**
 - a. Copy front and back of your insurance card

3. **Proof of Income:**

As a patient of Cherokee Health Systems, you are responsible for the payment of all fees associated with your care. However, we believe that money, or a lack of money, should never keep you from getting the care you need so all CHS services are available on an “ability to pay” basis. This means your income and family size will determine the amount you are asked to pay. Proof of Income is required for all discounts. Before a discount can be arranged, our funders require that you provide written proof of your total household income. You may use paycheck stubs for at least three consecutive pay periods, benefits check stubs, W-2 forms, a copy of your most recent federal income tax forms, or a copy of applications for any other agency benefits if they include household income (i.e., applications made at DHS, Helping Hands applications or cards, etc.)