

Berard Auditory Integration Systems, Inc.

A Division of the Counseling Center of CT and NC
690 Boyd Rd., Leicester, NC 28748

Phone: 828-683-6900
Fax: 828-683-0303

Scholarship, Payment Plans, and/or Insurance

Once your evaluation appointment is scheduled, we will be able to accept your application for alternative funding sources such as scholarship, payment plans, and/or insurance. Some insurance companies reimburse a portion of the fees. As we have seen such good results with AIT, we are committed to making it available to anyone who is qualified for the program.

Scholarship / Subsidy / Grant Opportunities

When you submit a scholarship application, we ask that you also look into other possible sources of financial support in your community. For example, please contact your local church or synagogue, other family members, or service organizations such as Kiwanis, Rotary, or Lion’s Club to inquire about any grants or support that they might be willing to provide.

Insurance Coverage

Our staff can contact your insurance program to request information regarding eligibility and terms of coverage. If you send us your insurance forms prior to your evaluation, we will work to provide you with information regarding expected insurance coverage at the time of the evaluation. Please understand that while we will investigate insurance coverage for you, we can not guarantee payment by your insurance company. *Any fees not covered by insurance or scholarship are, of course, the responsibility of the client or guardian.*

APPLICANT INFORMATION

Date: _____ Date of Birth: _____

Name of Applicant: _____

Occupation: _____

Name of Spouse or Parent: _____ Occupation: _____

Address: _____

Phone (H): _____ Phone (W): _____

Number of people in household: _____

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INSURANCE INFORMATION

Name of Insured: _____ Date of Birth: _____

Insurance Company: _____

Insurance ID #: _____ Group #: _____

Phone # of insurance: _____

Secondary Insurance information: *Name of Insured:* _____

2nd Insurance Company: _____

ID #: _____ Group #: _____

Phone #: _____

SCHOLARSHIP INFORMATION

INCOME (GROSS)	Monthly	Yearly
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Self: _____

Spouse: _____

Others: _____

Other sources: _____

Alimony: _____

Childcare: _____

Rental: _____

Government: _____

Total = _____

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EXPENSES	Monthly	Yearly
Mortgage:	_____	_____
Rent:	_____	_____
Utilities:	_____	_____
Alimony:	_____	_____
Childcare:	_____	_____
Medical:	_____	_____
Educational:	_____	_____
Credit Card:	_____	_____
Other (please specify):	_____	_____
	Total =	_____
	Net =	_____

Do you need a payment plan? Y / N _____
If so, how much can you budget to pay on a monthly basis? _____

Please note any attempts made to secure other funding sources and other special circumstances that you would like us to take into consideration.

