

Financial Assessment

Per the *PGRC Policies & Procedures for Clinicians* manual, a financial assessment will be conducted by the clinicians for each PGRC client in treatment a minimum of six (6) months. This assessment reviews the client’s finances and ability to pay for treatment or a portion of treatment. The financial assessment results will justify the client’s sliding scale fee rate as well as continued need for NYCPG reimbursement.

Client ID: _____

Clinician: _____

Date: _____

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|---|-----|----|----|
| 1. Is the client enrolled in health insurance? | Yes | No | |
| 2. Does the client utilize their health insurance for their treatment services? | Yes | No | NA |
| 3. Does the client have an insurance co-pay for their treatment services? | Yes | No | NA |
| 4. What amount does the client pay out-of-pocket per treatment session, including co-payment? | | | |
| 5. What is the client's availability and access to money? | | | |
| 6. What was the client’s amount of time and money spent on gambling behaviors? | | | |
| 7. What is the amount of money the client has lost on gambling? | | | |
| 8. What debt has been accrued due to gambling-related behaviors? | | | |
| 9. What other financial consequences have been incurred due to gambling-related behaviors? | | | |
| 10. What is the client’s annual income? | | | |