

# Substance Use Disorder

## Request for a New Rate Determination

Consumer Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Guarantor/Responsible Party (when applicable): \_\_\_\_\_

I am requesting that my fee assessment of \$ \_\_\_\_\_ be recomputed based upon the additional information that I will provide (e.g. decrease/increase wages, settlements, retroactive income, expenses, proof of undue financial hardship, etc.)

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My signature below indicates I understand that I have 30 days to provide the necessary documentation of expenses and assets in order for the fee assessor to complete the New Determination or my originally assessed fee will be effective from the first date of service.*

\_\_\_\_\_  
*Consumer/Guarantor Signature* *Date*

\_\_\_\_\_  
*Preparer's Signature* *Date*