

AVAILABILITY OF DISCOUNTED/SLIDING SCALE FEE

It is this office's policy to offer discounted fees or sliding scale fees for anyone at or below 200% of the Federal Poverty Level. To receive such, one must complete an application and provide income verification. The Federal Poverty Level is defined as follows:

The 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	Poverty guideline (200%)
1	\$10,830 (\$21,660)
2	14,570 (\$29,140)
3	18,310 (\$36,620)
4	22,050 (\$44,100)
5	25,790 (\$51,580)
6	29,530 (\$59,060)
7	33,270 (\$66,540)
8	37,010 (\$74,020)

For families with more than 8 persons, add \$3,740 for each additional person.

CURRENT DISCOUNTED/SLIDING SCALE FEE SCHEDULE

Initial Intake (90801):	10% of the 200% FPG plus \$10.00
Psychotherapy (90806):	10% of the 200% FPG
Psychotherapy (90804):	6% of the 200% FPG
Testing (96101):	10% of the 200% FPG plus \$10.00
Consulting:	10% of the 200% FPG plus \$10.00

For example, if someone from a family of four requests services and has provided proof of income that makes them eligible for discounted/sliding scale services, the following calculation is made:

For an initial intake (90801): $10\% \times \$44,100 + \$10.00 = \$54.00$

For psychotherapy (90806): $10\% \times \$44,100 = \44.00

If financial hardship is an issue in addition to meeting the requirements for discounted/sliding scale fees, the patient/client must provide documentation of how they are hard-shipped before any payment plan is put into place. The payment plan should be documented and agreed upon by the patient/client and the Provider.

DISCOUNTED/SLIDING SCALE FEE APPLICATION

Name: _____

Birthdate: _____

Social Security Number: _____

Address: _____

Street

City/State

Zip

Contact Information: _____ Cell: _____

Income: Weekly: _____ Monthly: _____ Yearly: _____

To be eligible for the discounted/sliding scale fees, you must provide some form of income verification. This office accepts three (3) months of bank statements, most recent income tax return, or paycheck stubs as an acceptable form of verification. If you cannot provide an acceptable form of income verification, any services rendered will be charged at the full rate as specified in the office policies. Any attempt to defraud or otherwise mislead this office about your income will result in termination of services and you will be responsible for the full balance due at the time of discovery.

My signature below shows that I have read and understood the policy on discounted/sliding scale fees and that I am eligible for such rates.

Signature: _____ Date: _____