

SLD Counseling Services, PLLC

Sliding Fee Discount Application

It is the policy of SLD Counseling Services, PLLC to provide essential services regardless of the patient's ability to pay. SLD Counseling Services, PLLC offers discounts based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this group practice. You must complete this form every 12 months or if your financial situation changes.

Name:
Street:
City:
State:
Zip Code:
Phone:

Please list all household members, including those under age 18

	Name	Date of Birth
Self		
Other		
Other		
Other		
Other		
Other		

Source	Self	Other	Total
Gross wages, salary, tips, etc.			
Income from business or self-employment			

Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources
Total Income

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I certify that the family size and income information show above is correct.

Print Name _____ Date _____

Signature _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, other		
Income: Prior year tax return, three most recent pay stubs, or other		