

New Life Counseling Center, PLLC

...reserves a few slots of sliding scale fee appointments to assist those who cannot afford to pay full fee.

1. **This program is only available for anyone who does not have insurance or anyone who has agreed not to use their insurance. By signing this sliding scale fee agreement, you are foregoing the option to file for reimbursement from your own health insurance company (no exceptions).**
2. While the sliding scale program is not always available due to a limited amount of openings, you may ask to be placed on a waiting list. If placed on a waiting list, you will be notified when an opening becomes available.
3. If accepted to the program your fee will be available to you for **Eight Sessions** and then reviewed for continuation in the sliding scale program. To qualify for this program you must provide information that demonstrates financial need. All information gathered will be kept with your confidential file.
4. If you plan to submit this form, you must let the therapist know with whom you are scheduling an appointment. If you show up to your first appointment without having let the therapist know of your intent to apply for our sliding scale, your first appointment will not qualify and will be billed to you at that therapist's normal fee.

Printed name of Client/Applicant

Name of Therapist

Person(s) responsible for payment for services: _____

Gross **household** income (before taxes deducted): _____

You must attach proof of income level by supplying a copy the first sheet of most recent tax return.

Number of dependent children under the age of 18 who reside in your household: _____

I give you permission to contact me at the following numbers: Cell #: _____

Alternate Phone #: _____ Email address: _____

Other significant factors I would like to be included in review of my application are (use back if needed)

New Life Counseling Center, PLLC will gladly review your application and notify you of your fee.

Printed name of Applicant/Guardian

Signature of Applicant/Guardian

Date of application

Administrative initials

Qualify for Rate of:

Date of Approval

Date for Therapist to review (each 8 sessions)