



ADVANCED awareness  
advancedawarenesscounseling.com

## Financial Assistance Application 2018 Sliding Scale Fee Schedule

The sliding fee scale is offered to individuals who have no insurance and do not have the financial ability to meet the full cost of services. Individuals who feel they qualify for services may fill out this financial aid application to determine if they qualify for sliding scale fee rates. If they are found to qualify, the primary therapist will then set them up on the sliding fee scale. Discounts are offered based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines. Once approved, the discount will be honored for the remainder of the year, after which the patient must reapply.

### Established Fees

Fees are as established as of April 2014 and are adjusted periodically.

\*Standard intake time of service fee is \$185.00 per session; standard 50 minute counseling time of service fee is \$150.00 per session. Sliding scale will be utilized once eligibility is determined and verified.

\*Fees agreed upon under previous slide fee scale charts will remain in effect and be honored for the duration of client's time with Advanced Awareness Counseling, LLC. given that there is no change in income or dependents.

\*To receive sliding scale fees, you are asked to present proof of income through recent pay stubs or the previous year's tax return. If any changes arise in income, please notify Advanced Awareness Counseling, LLC so adjustments can be made to the fee schedule.

**YOU MAY NOT APPLY FOR SLIDING SCALE RATES WITHOUT PROOF OF INCOME.**

\*Fees above are based on a standard session (50 minutes with 10 minutes for notes) and will be adjusted and documented if 25-30 minute, 75-90 minutes sessions, or group therapy sessions are provided.

## Discount Application Process

\*A completed application including required documentation of the home address, and household income must be on file and approved by the business office before a discount will be granted. Your individual counselor has been given discretion and training on how to process this.

\*Fees are assessed based on gross income as ascertained from paystubs or tax returns provided.

\*The fee schedule and associated parameters is listed below.

## Services Covered and Excluded

It is the policy of Advanced Awareness Counseling, LLC. to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family/household size and annual income. Please complete the following information and return it to the primary therapist to determine if you or members of your family are eligible for a discount.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					100% pay
	\$55.00	\$65.00	\$75.00	\$85.00	\$95.00	
1	0-\$12,060	\$12,061-\$15,075	\$15,076-\$18,090	\$18,091-\$21,105	\$21,106-\$24,120	\$24,121+
2	0-\$16,240	\$16,241-\$20,300	\$20,301-\$24,360	\$24,361-\$28,420	\$28,421-\$32,480	\$32,481+
3	0-\$20,420	\$20,421-\$25,525	\$25,526-\$30,630	\$30,631-\$35,735	\$35,736-\$40,840	\$40,841+
4	0-\$24,600	\$24,601-\$30,750	\$30,751-\$36,900	\$36,901-\$43,050	\$43,051-\$49,200	\$49,201+
5	0-\$28,780	\$28,781-\$35,975	\$35,976-\$43,170	\$43,171-\$50,365	\$50,366-\$57,560	\$57,561+
6	0-\$32,960	\$32,961-\$41,200	\$41,201-\$49,440	\$49,441-\$57,680	\$57,681-\$65,920	\$65,921+
7	0-\$37,140	\$37,141-\$46,425	\$46,426-\$55,710	\$55,711-\$64,995	\$64,996-\$74,280	\$74,281+
8	0-\$41,320	\$41,321-\$51,650	\$51,651-\$61,980	\$61,981-\$72,310	\$72,311-\$82,640	\$82,641+
For each additional person, add	\$4,180	\$5,225	\$6,270	\$7,315	\$8,360	\$8,360

NAME OF HEAD OF HOUSEHOLD		PLACE OF EMPLOYMENT		
STREET	CITY	STATE	ZIP	PHONE

**PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE OF 18**

	NAME	DATE OF BIRTH
SPOUSE		
DEPENDENT		
DEPENDENT		
DEPENDENT		
DEPENDENT		
DEPENDENT		
DEPENDENT		

*\*Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment, and public aid.*

## Financial Agreement

I certify that the family size and income information show above is correct. I acknowledge that copies of tax returns, pay stubs, and/or other information verifying income may be requested prior to a discount being fully approved and I agree to supply these documents to establish my sliding scale fee for payment at time of service.

By signing below I agree to the above fee schedule and understand payment (cash, check, Visa, MasterCard, American Express, or Discover) is due in full at the end of each counseling session.

Further, I am aware of the no-show policy, and provide my agreement and consent that I will be automatically charged a \$35.00 no-show fee if I do not attend my scheduled appointment and do not cancel within a *twenty-four (24)* hour period prior to my scheduled appointment time.

I also agree to pay a fee of \$10 plus the amount of the check for any returned checks.

The agreed upon fee per 50-minute session is \_\_\_\_\_.

Comments or notes about fees or fee arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please Sign Below: This document has been agreed to by the client or their parent/guardian and also by the primary therapist:***

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_