



# THE ALPHA CENTER

NOURISHING THE MIND, BODY & SPIRIT

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## Sliding Scale Contract

Please read the following and sign at the bottom.

- If you are aged 65 or older or you are a full-time student at a college, university, or health school, the sliding scale will not apply to you. Instead, you are qualified to receive special reduced fees by providing documentation verifying your age or your full-time school status.
- To receive your discount, you **must** pay in full each visit. The sliding scale will not be applied to past visits or visits that require billing you for.
- You are required to submit documentation of your gross annual household income. This means every income from every individual over 18 years of age that lives in your household. Acceptable documentation is one of the following:
  - Copy of previous year Federal tax return with copies of W-2 forms
  - 3 months pay stubs
  - Statement of monthly income that is received from SSI, unemployment, AFS, etc.
- If at any time, your gross household income changes, you need to notify our office of that change. Your discount may or may not be adjusted.
- If you have insurance, you need to make us aware of the coverage. This may or may not affect your account.
- Your application is valid for 6 months and must be renewed, with updated proof of household income, when it expires.
- If you will not be able to attend your scheduled session, you must call by 10am, the day of your appointment to inform our office. **If we do not receive notice of your cancellation by 10am, the sliding scale contract will be voided.**

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Best Phone Number To Reach You At:** \_\_\_\_\_

**Continued on next page**

### Financial and Fee Information

The initial visit is \$100. Each additional visit will be \$50-\$75, based on the following guidelines:

Persons in Family Unit	<b>\$50 Copay</b> <b>Annual Gross Income</b> <b>If you make less than:</b>	<b>\$75 Copay</b> <b>Annual Gross Income</b> <b>If you make less than:</b>
1	\$16,640	\$33,280
2	\$21,640	\$38,280
3	\$26,640	\$43,280
4	\$31,640	\$48,280
5	\$36,640	\$53,280
6	\$41,640	\$58,280
7	\$46,640	\$63,280
8	\$51,640	\$68,280
Additional	\$5,000	\$5,000

\*Office visits are specific to your session with the therapist. For example, an office visit does not include: Court testimony, writing reports, consultations with other professionals on your behalf, neurotransmitter testing or Sanesco supplements.

I certify this information to be a true and accurate account of my financial status, at this time.

Client Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Documentation Verified By: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Gross Annual Income: \_\_\_\_\_

Family Members: \_\_\_\_\_

Entered Notes And Expiration Date Into Therapy Notes : \_\_\_\_\_ (initials and date entered)

Information Documented in Client File: \_\_\_\_\_ (initials and date entered)