



Sliding Fee Discount Application

It is the policy of Melanated Allied Counseling and Studio, LLC to provide essential services regardless of the patient's ability to pay. Discounts are offered 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. Exhibit A details the sliding fee scale based on US federal poverty guidelines and the standard base prices with the practice.

The discount will apply to all services received at this practice, but not those services or equipment that are purchased from outside, including medications. This form must be completed every 6 months or if your financial situation changes.

Name: _____

Place of Employment: Address (City, State, Zip): _____

Phone Number: _____

Date of Birth: _____

Please list spouse and dependents under age 18.

Name	Relationship	Date of Birth



Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self - employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

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

Name: _____

Signature: _____

Please email copy of tax returns, paystubs, or other verifying income information to Zhomontee Watson at zhomontee@melanatedalliedcounseling.com in order for your application to be considered complete.



Date: _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

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

Melanated Allied Counseling and Studio, LLC

Zhomontee Watson- Owner- PLMHP

1941 S 42nd St Ste 501

Omaha, NE, 68105

zhomontee@melanatedalliedcounseling.com

P: 402-313-4414



Exhibit A

Family Size	Slide A	Slide B	Slide C	Slide D
	25% of Full*	50% of Full*	75% of Full*	100% of Full*
1	\$0 - \$12,490	\$12,491- \$18,735	18,736- \$21,858	\$21,859 +
2	\$0 - \$16,910	\$16,911- \$25,365	\$25,366- \$29,593	\$29,594 +
3	\$0 - \$21,330	\$21,331- \$31,995	\$31,966- \$37,328	\$37,328 +
4	\$0 - \$25,750	\$25,751- \$38,625	\$38,626- \$45,063	\$45,064 +
5	\$0 - \$30,170	\$30,171- \$45,255	\$45,256- \$52,798	\$52,799 +
6	\$0 - \$34,590	\$34,591- \$51,885	\$51,886- \$60,553	\$60,554 +
7	\$0 - \$39,010	\$39,011- \$58,515	\$58,516- \$68,268	\$68,269 +
8+	\$0 - \$43,430	\$43,431- \$65,145	\$65,146- \$76,003	\$76,004 +

***Full Prices:**

First Session: Psychiatric intake and treatment planning	\$200 per session (60 minute intake full price)			
	Slide A	Slide B	Slide C	Slide D
	25%	50%	75%	100%
	\$50	\$100	\$150	\$200
All other session: Individual therapy, case management and crisis intervention	\$175 per session (60 minute session full price)			
	Slide A	Slide B	Slide C	Slide D
	25%	50%	75%	100%
	\$43.75	\$87.50	\$131.25	\$175
	\$150 per Session (45 minute session full price)			
	Slide A	Slide B	Slide C	Slide D



	25%	50%	75%	100%	
	\$37.50	\$75	\$112.50	\$150	