

Overcomer Counseling, LLC

SLIDING SCALE FEE DISCOUNT APPLICATION

At Overcomer Counseling, LLC we provide essential services regardless of patients' ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front office to determine if you or members of your family are eligible for a discount. If awarded, the discount will apply to all services received at Complete Wellness. This form must be completed every 12 months or when your financial situation changes. An incomplete application will not be considered.

NAME OF HEAD OF HOUSEHOLD:

PLACE OF EMPLOYMENT:

Address:

Phone:

Please list spouse and dependents under age 18.

Name:	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

NOTE: Two of the following are required to verify income:

☐ 2 of your most recent paycheck stub

☐ W-2 form

☐ Unemployment/Social Security check stub

Or

☐ Last income tax return

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				

My signature below indicates that I certify that the family size and income information shown above is correct and I authorize Overcomer Counseling, LLC to access information that will confirm the income disclosed on this application.

Name(Print)_____

Signature _____

Date_____

Office Use Only

Patient Name:

Date Approved:

Approved Discount:

Approved by:

Verification Checklist	Select one in each group
Identification/Address:	☐ Driver's license ☐ Utility bill ☐ Employment ID ☐ Other
Income:	☐ Prior year tax return ☐ Most recent pay stub ☐ Other
Insurance:	☐ Insurance Card ☐