

Sliding Fee Discount Program Application

A to X Clinical Consulting, LLC

1. Applicant Information

Full Name:

Date of Birth:

Phone:

Address:

City:

State:

ZIP Code:

2. Household Information

Total number of people in household (including yourself):

List names and relationships of all household members:

Name | DOB | Relationship

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3. Income Information

Total Gross Household Income (before taxes): \$_____ per (Week / Bi-weekly / Month / Year)

Source(s) of income (check all that apply):

☐ Employment ☐ Social Security ☐ Disability

☐ Unemployment ☐ Child Support ☐ Other: _____

4. Required Documentation

Please attach proof of income for all working household members. Acceptable documentation includes:

- Most recent tax return
- Two (2) most recent pay stubs
- Benefit award letters (e.g., Social Security, unemployment, child support)

5. Certification

I certify that the information provided is true and correct to the best of my knowledge. I understand that providing false information may result in disqualification from the program.

Applicant Signature:

Date:

For Office Use Only

Date Application Received:

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Income Verified: ☐ Yes ☐ No

Verified By: _____

Discount Level Assigned:

Effective Dates: From _____ To _____

Reviewer Signature:

Date: