

SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION

Gillispie Counseling Services

Sliding Fee Discount Application

It is the policy of Gillispie Counseling Services to provide essential services regardless of the patient's ability to pay. Gillispie Counseling Services offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

Household Members	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

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

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

Name (Print)		
Signature		Date

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

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

Self-declaration of income may also be used.

SAMPLE SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0 percent discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,960	\$17,556	\$19,152	\$20,748	\$22,344	\$23,940	\$25,536	\$27,132	\$28,728	\$30,324	\$31,920	\$31,921
2	\$21,640	\$23,804	\$25,968	\$28,132	\$30,296	\$32,460	\$34,624	\$36,788	\$38,952	\$41,116	\$43,280	\$43,281
3	\$27,320	\$30,052	\$32,784	\$35,516	\$38,248	\$40,980	\$43,712	\$46,444	\$49,176	\$51,908	\$54,640	\$54,641
4	\$33,000	\$36,300	\$39,600	\$42,900	\$46,200	\$49,500	\$ 52,800	\$56,100	\$59,400	\$62,700	\$66,000	\$66,001
5	\$38,680	\$42,548	\$46,416	\$50,284	\$54,152	\$58,020	\$61,888	\$65,756	\$69,624	\$73,492	\$77,360	\$77,361
6	\$44,360	\$48,796	\$53,232	\$57,668	\$62,104	\$66,540	\$70,976	\$75,412	\$79,848	\$84,284	\$88,720	\$88,721
7	\$50,040	\$55,044	\$60,048	\$65,052	\$70,056	\$75,060	\$80,064	\$85,068	\$90,072	\$95,076	\$100,080	\$100,081
8	\$55,720	\$61,292	\$66,864	\$72,436	\$78,008	\$83,580	\$89,152	\$94,724	\$100,296	\$105,868	\$111,440	\$111,441
For each additional person, add	\$5,680	\$6,248	\$6,816	\$ 7,384	\$7,952	\$8,520	\$9,088	\$ 9,656	\$10,224	\$10,792	\$11,360	\$11,360

*Based on the 2026 [Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

NATIONAL HEALTH SERVICE CORPS (NHSC) PUBLIC NOTICE SIGNAGE

National Health Service Corps (NHSC)-approved sites are required to inform patients of the Sliding Fee Discount Program. The following example illustrates language to be posted prominently online and at the physical site. The NHSC encourages sites to establish multiple methods of informing patients. Sites can obtain more information by accessing the [Current NHSC Sites page](#) on the NHSC website.

When applicable, sites should translate this notice into the most prevalent languages/dialects spoken by their patients.

Public Notice Signage

NOTICE TO PATIENTS:

No one will be denied access to services due to inability to pay.

There is a discounted/sliding fee schedule available based on family size and income.

For more information, ask at the front desk or visit our website.

Thank you.

AVISO PARA PACIENTES:

Este establecimiento de salud atiende a todos los pacientes independientemente de su capacidad de pago.

Se ofrecen descuentos según el tamaño de la familia y los ingresos.

Para obtener más información, pregunte en la recepción o visite nuestro sitio web.

Gracias.