

Please email the completed application to [info@allylactation.com](mailto:info@allylactation.com) at least 5 days prior to your scheduled appointment if possible to allow time to review the information.  
Approval must be obtained before your appointment.



## Ally Lactation Financial Assistance Application

### Section 1 – Client Information

Full Name: \_\_\_\_\_

Date of Birth: [MM/DD/YYYY] \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

### Section 2 – Household Information

Number of people in household: \_\_\_\_\_

Names & ages of household members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3 – Income Information

Total gross household income (before taxes): \$\_\_\_\_\_ per ☐ month ☐ year

Comments: \_\_\_\_\_

Income sources:

☐ Employment ☐ Self-employment ☐ Unemployment ☐ Public assistance

☐ Other: \_\_\_\_\_

### Section 4 – Eligibility Basis (check all that apply)

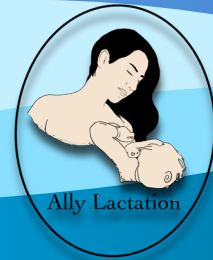
☐ Federal Poverty Level Discount Tier – My household income is within the current FPL guidelines for assistance at \_\_\_\_\_%.

☐ Special Circumstances – Examples: recent job loss, high medical expenses, single-parent household, other hardship. Please Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Ally Lactation

Building Trust with Mamas, Papas and Babies  
9901 North May Avenue, Suite 110  
Oklahoma City, OK 73120  
(405) 849-5624  
<https://allylactation.com/>



☐ Documentation Provided – Attach copies of:

☐ Most recent tax return or W-2   ☐ Two most recent pay stubs

☐ Proof of public assistance (WIC, SNAP, Medicaid)

☐ Other if needed: \_\_\_\_\_

Section 5 – Requested Discount (office will need to confirm)

☐ Full discount

☐ Partial discount – Please Describe: \_\_\_\_\_

☐ Sliding Scale Dependant on Federal Poverty Level Guidelines seen at end of application

Section 6 – Certification

☐ I certify that the information provided is true and complete to the best of my knowledge. I understand that providing false information may result in denial or reversal of financial assistance.

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

Date Submitted: [MM/DD/YYYY] \_\_\_\_\_

Section 7 – Office Use Only

Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved discount: \_\_\_\_\_

Approval valid through: \_\_\_\_\_

Notes: \_\_\_\_\_

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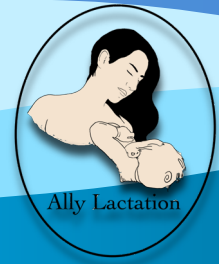
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### 2025 Federal Poverty Level Guidelines

Household Size	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL
1	\$15,650	\$23,475	\$31,300	\$39,125	\$46,950
2	\$21,150	\$31,725	\$42,300	\$52,875	\$63,450
3	\$26,650	\$39,975	\$53,300	\$66,625	\$79,950
4	\$32,150	\$48,225	\$64,300	\$80,375	\$96,450
5	\$37,650	\$56,475	\$75,300	\$94,125	\$112,950
6	\$43,150	\$64,725	\$86,300	\$107,875	\$129,450
7	\$48,650	\$72,975	\$97,300	\$121,625	\$145,950
8	\$54,150	\$81,225	\$108,300	\$135,375	\$162,450
Each Additional	\$5,500	\$8,250	\$11,000	\$13,750	\$16,500

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## Ally Lactation – Financial Assistance & Discount Policy

### Purpose

At Ally Lactation, our mission is to ensure that every family who needs lactation support can access it, regardless of financial circumstances. This policy outlines how we provide discounts or fee adjustments for clients experiencing financial hardship.

### Scope

This policy applies to:

- All self-pay clients (including those whose insurance is not accepted or does not cover lactation services).
- Clients whose insurance coverage is denied or only partially covers services.
- New and established clients receiving medically necessary lactation care.

### Policy Statement

We believe that financial barriers should not prevent families from receiving quality lactation support.

Eligible clients may receive a discount on our standard private-pay rates based on the criteria below.

### Eligibility Criteria

Eligibility is determined by one or more of the following:

#### 1. Federal Poverty Level Discount Tier

Household income in relation to the current Federal Poverty Level (FPL), as defined annually by the U.S. Department of Health & Human Services.

#### 2. Special Circumstances

Examples include:

- Recent job loss or reduction in income
- High out-of-pocket medical expenses
- Single-parent households with limited income
- Other significant financial hardship

#### 3. Documentation

Supporting documents may include:

- Recent tax return or W-2
- Two most recent pay stubs
- Proof of public assistance (e.g., WIC, SNAP, Medicaid)
- Proof of other hardship as applicable

### Application Process

- Clients must request financial assistance before the actual appointment.
- A short application form will be provided; staff can assist in completing it if needed.
- All information is kept confidential and used solely for determining eligibility.
- Determinations are typically made within 5 business days.

### Discount Application

- Approved discounts apply to all eligible visits within a 6-month period from the approval date.
- Discounts cannot be combined with other promotional offers.
- If insurance partially covers a visit, the discount applies only to the client's responsibility portion.

### Payment Plans

- Clients who do not qualify for a discount but still need flexibility may request an interest-free payment plan.
- Payment plans must be arranged prior to the appointment.

### Public Access to Policy

- This policy is available on our website and in printed form upon request.
- Policy reviewed annually to ensure compliance with applicable laws and alignment with community needs.
- Ally Lactation reserves the right to adjust eligibility criteria as needed.