

Integrated Therapy Solutions of Oklahoma, LLC

620 NW 5th St. Ste. D

Moore, Oklahoma 73160

Ph: (405) 208-4469 Fax: (405) 208-4472

Sliding Scale Fee Discount Application

This information is obtained under guidelines set forth by the National Health Service Corps and is required if a client is requesting free/discounted services through Integrated Therapy Solutions of Oklahoma, LLC.

It is the policy of Integrated Therapy Solutions of Oklahoma, LLC to provide essential services regardless of the client's ability to pay. This program is designed to provide free or discounted services. Eligibility for discounted or free services rendered through this program is based upon a person's ability to pay and **will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity**. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Please complete the following information and return it to the administration desk at our main office, located at 620 NW 5th St. Suite D in Moore, OK 73160, in person or via USPS to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at the agency, but not those services rendered outside of Integrated Therapy Solutions, LLC's practice or scope, including but not limited to psychiatric medications and/or other psychiatric medical services and crisis interventions. You must complete this form every 12 months or if your financial situation changes.

Name:	Phone:	Email:
Street:	City & State:	Zip:

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

	NAME	DATE OF BIRTH (DOB)
Self		
Other		
Other		
Other		
Other		
Other		

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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:			

In signing my name below, I certify that the family size and income information shown above is correct.

PRINTED NAME OF CLIENT

SIGNATURE OF CLIENT

DATE

PRINTED NAME OF STAFF

SIGNATURE OF STAFF

DATE

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OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist:

Verification Checklist:		Yes	No
Identification/Address:			
Income Information:			

Self-declaration of income may also be used.