### **Stepping Stones Therapy PLLC**

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### **Sliding Fee Discount Application**

It is the policy of <u>Stepping Stones Therapy PLLC</u> to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return 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 practice, but not those services or equipment that are purchased from outside, including medications. This form must be completed every 12 months or if your financial situation changes.

Name:
Place of Employment:
Address (City, State, Zip):
Phone Number:
Date of Birth:
Please list spouse and dependents under age 18.

Name	Relationship	Date of Birth

#### **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				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size an	d income information shown above is correct.
Name:	
Signature:	
	Office Use Only
Patient Name:	
Date Approved:	

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		

Income: Prior year's tax return, three most recent pay stubs or other	
Insurance: Insurance cards	

# 2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190

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Persons in family/household	Poverty guideline
7	\$41,910
8	\$46,630

For families/households with more than 8 persons, add \$4,720 for each additional person.