**AR Nextstep Counseling Services**

**Sliding Fee Discount Information**

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

Please complete the following information and return to the front desk or email to [agriffin@arnextstep.com](mailto:agriffin@arnextstep.com) 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. Nominal fee is $25.

Name:

Street Address:

City:       State: AR Zip Code:

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

Self:       DOB:

Other:       DOB:

Other:       DOB:

Other:       DOB:

Other:       DOB:

Other:       DOB:

Other:       DOB:

**INCOME SOURCES**

**Source of Income: SELF Other Total**

Gross wages, salaries, tips, etc.

Income from business/self emp

Unemployment, Worker’s Comp,

Social Security Income,

Public Assistance, 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**

Identification/Address: Driver’s license, utility bill, YES NO

employment ID, or other

Income: Prior year tax return, three most recent pay stubs,

or other