



NuWave Counseling LLC
1477 Kenwood Drive
Suite 104
Menasha Wisconsin 54952
920-931-4172

9. Sliding Fee Discount Application

Sliding Fee Discount Application

It is the policy of NuWave Counseling LLC to provide essential services regardless of the patient's ability to pay. Discounts are offered based on annual income of the family. 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.. This form must be completed every 12 months or if your financial situation changes.

Name:

Place of Employment:

Address (street, city, state, zip):

Phone Number:

Date of Birth:

Household composition

- Self
- Spouse/significant other
- Child/dependent
- Child/dependent 2
- Child/dependent 3
- Child/dependent 4
- Child/dependent 5
- Child/dependent 6

Enter if more:

Annual Household Income

1. Gross wages, salaries, tips, etc.

1. Wage Earners (self, significant other, etc):

1. Total:

2. Income from business, self-employment, and dependents

2. Wage Earners (self, significant other, etc):

2. Total:

3. Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income

3. Wage Earners (self, significant other, etc):

3. Total:

4. Interest, dividends, rents, royalties, income from states, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources

4. Wage Earners (self, significant other, etc):

4. Total:

TOTAL 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 and income information shown above is correct.

ANNUAL INCOME GUIDELINES

\$0 - \$10,000 = \$10/session

\$10,001 - \$20,000 = \$15/session

\$20,001 - \$30,000 = \$20/session

\$30,001 - \$40,000 = \$30/session

\$40,001 and more = \$40/session

Office Use Only

Patient name: _____

Approved discount: _____

Approved by: _____

Date approved: _____

Verification Checklist

Identification/Address

- Driver's license
- Utility bill
- Employment ID
- Other

Income

- Prior year's tax return
- 3 most recent pay stubs
- Other.

Insurance

- Insurance Cards