



Dr. Tiffani Alwazan, ND, L.Ac.

Healthy Sticks PLLC

**Sliding Fee Request**

Date of Application \_\_\_\_\_

It is the policy of Healthy Sticks PLLC ("Healthy Sticks") to provide services to the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and submit it along with proof of household income to determine if you are eligible for a sliding fee. If you have no income, you will need to complete the Lack of Income Verification form. Utility bills cannot be taken into account when requesting a sliding rate. The sliding rate will only apply to services received at Healthy Sticks. The minimum cost for an initial visit is \$40 and the minimum for a repeat visit is \$25. If your proof of income is below the federal poverty guidelines, we can help you apply for insurance. If your income changes, you will be responsible for providing updated proof of income. The following proof of income is acceptable:

- Taxes on income from the previous year
- W-2 withholding statement
- Lack of income verification form
- Pension
- Letter granting care program for temporary food incapacity
- Unemployment letter or receipts
- Health Care Income Eligibility Forms
- Disability
- Child Support/Pension Statement
- Social security grant letter
- 1 month of most recent paycheck stubs or a statement of your salary

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone number: \_\_\_\_\_ Work Number: \_\_\_\_\_

How many people in the home (applicant, partner, and minors under 18 that depend on you)? \_\_\_\_\_

Household income before taxes (include income from all that were included above): \$ \_\_\_\_\_

Note: Include income for all household members from all sources, including gross wages, tips, social security, disability, pension, annuity, veteran's pay, net business or self-employment, alimony, child support, military aid, unemployment aid, public aid. I certify that the documentation mentioned above is correct to the best of my knowledge. I understand that if this information is found to be false, I may be required to pay any charges previously covered by my Healthy Sticks mobile rate. A sliding rate is valid for 1 year from its effective date unless there is a change in income. All payments must be made at the time of service.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Usó exclusivo de la oficina. Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Patient Responsibility: \$ \_\_\_\_\_ ( \_\_\_\_\_ %) Per: Visit Procedures Discount \_\_\_\_\_ %

Patient Notified via: phone in-person other \_\_\_\_\_ Date: \_\_\_\_\_ \$

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_