

Special Circumstances Fee Adjustment Application

Client Name: _____

Date: _____

Address: _____

Phone: (hm) _____ (wk) _____

Name of person completing form (if other than Client): _____

Therapist's Name: _____

The following information is to assist us with how we may best make financial adjustments in determining your fee. All information will be kept confidential.

Family Income:

Please include all members of the household who contribute more than \$500 per year to your family income.

Gross annual wages:

Self: _____

Spouse: _____

Other members: _____

Child support (total): _____

Other income: _____

Total Household Income _____

Savings: _____

Number of dependents? _____

Number of children in college? _____

Family Expenses:

Please list all customary expenses per MONTH, plus any unusual debts or expenses

Charitable donations: _____

House payment / Rent: _____

Transportation (car payments, gas etc.): _____

Car payment: _____

Gas: _____

Insurance _____

Total of all utilities: _____

Food: _____

Clothing: _____

Insurance: (other than payroll) _____

Committed monthly payments (credit card, loans): _____

Visa: _____

Mastercard: _____

Other (specify): _____

Other (specify): _____

Other: (itemize with amount) _____

Total Household Expenses _____

How much do you think you can afford to pay per visit? _____

Fee adjustments are reviewed every 90 days, but please let us know any time your financial situation changes significantly so that we can reconsider your status and adjust the fee appropriately. This information would include any change in employment or debt retirement.

