Sliding Scale Fee Application

Dr. Alex Kohl - Confidential financial assistance request

This form helps determine eligibility for a reduced psychotherapy fee based on household income and financial circumstances. Please provide your best current estimates. The information requested is intended only to evaluate a sliding scale request.

1. Applicant Information

Full legal name

Application date

Date of birth

Phone

Email

2. Household and Employment Information

Number of people in household

Number financially dependent on you

Current employment status

Employer / occupation (optional)

Approx. monthly take-home income

Household members who contribute income (include applicant if applicable):

Name / Relationship	Monthly Gross	Annual Gross	Income Type

Estimated total annual gross household income $ / year

3. Other Sources of Income

Enter amounts not already included above. Use $0 if not applicable.

Source	Monthly Amount	Annual Amount
Self-employment / contract work		
Social Security / disability / benefits		
Retirement / pension / investments		
Child support / alimony / family support		
Rental income / other recurring income		

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Dr. Alex Kohl - Financial circumstances

4. Major Financial Obligations / Money Owed

List significant current obligations that affect your ability to pay for treatment. Balances may be approximate; monthly payments are especially helpful.

Expense / Debt	Approx. Balance Owed	Monthly Payment
Rent / mortgage		
Medical expenses / medical debt		
Student loans		
Credit cards / personal loans		
Childcare / dependent care		
Other significant obligation		

Approximate total debt / obligations owed

Total monthly payments

5. Additional Financial Circumstances

Approximate savings / liquid funds available (optional)

Recent significant change in income?

Other unusual or significant monthly expenses not listed above:

6. Insurance and Requested Sliding Scale

☐ I currently have health insurance

☐ I do not currently have health insurance

Insurance company (if applicable)

Deductible / estimated out-of-pocket responsibility

Requested fee per psychotherapy session

Expected frequency of sessions

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Dr. Alex Kohl - Hardship statement, certification, and office use

7. Sliding Scale Request

Reason for requesting a reduced rate / relevant financial hardship:

Anything else you would like considered with this application (optional):

8. Applicant Certification

I certify that the information provided on this application is accurate to the best of my knowledge. I understand that submission of this form does not guarantee a reduced fee, that sliding scale availability may be limited, and that an approved rate may be reviewed periodically. I agree to notify Dr. Alex Kohl if my financial circumstances change substantially while I am receiving a reduced rate.

Typed name / signature

Date

9. Office Use Only

☐ Approved ☐ Declined ☐ Pending / more information needed

Standard session fee

Approved sliding scale fee

Effective date

Review date

Clinician initials

Frequency approved

Office notes / rationale:

Sliding scale determinations should be applied consistently and based on financial circumstances and practice availability. This form may be adapted to the practice's policies.