Therapist:_____

ADJUSTED FEE APPLICATION

*A separate application must be completed for each person in the household who is a client at LifeWorks.

Client Name:	Spouse Name:	
Address:		
Home #:	Cell #:	Work #:
Are you or anyone in your immediate household a missionary or employed by a church? ☐ Yes / ☐ No		

Do you have primary or secondary insurance available to your family that covers counseling/psychological services with the therapist that you are scheduled to see at LifeWorks? ☐ Yes / ☐ No
• It is considered fraud to use the adjusted fee schedule if you have insurance with mental health benefits that are covered by your therapist. Please check with the main office if you have any questions. • If you do not wish to access mental health insurance that your therapist is credentialed with, by law you are required to pay according to the full-fee structure.
Are there additional/special reasons or circumstances you would like to be considered for an assisted fee?

TOTAL number of persons in your household:	#
TOTAL **ANNUAL** household income **after taxes** (Medicaid, Disability, Alimony, etc):	$
If applicable, child support paid out/received annually (please circle which):	$
If applicable, ministerial housing/parsonage allowance:	$
* Required by law - Please attach copies of two of your most recent pay stubs for each household wage earner for verification.	
* If you are self-employed, attach a copy of last year's income tax return.	
* In most cases, assisted fee will be limited to twelve (12) sessions with the option to renew.	

I understand that ALL assisted fees MUST be paid at the time of service. Please initial: _____	
I declare that I have reviewed the information above and to the best of my knowledge and belief, the information is true, correct, and complete. Furthermore, I understand this agreement is based on not having any insurance benefits covering these mental health services or I have mental health insurance coverage which is not covered by my therapist.	
Signature:	Date:
Signature:	Date:

Office Use Only:

Approval Date:	Fee	***$***
Effective Date:	Visit Limit	*#*
Approved by:	Notes:	

Last Name	First	Middle	Date	Client #