



DISCOVERY PLAY

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Sliding Fee Discount Application

Sliding Fee Discount Information: It is the policy of Discovery Counseling to provide essential services regardless of the patient's ability to pay. Discovery Counseling offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to therapy services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name: _____

Address: _____

Phone: _____

Please list all household members, including those under age 18:

Self (Name): _____ DOB: _____

Other: (Name): _____ DOB: _____

Other: (Name): _____ DOB: _____

Other: (Name): _____ DOB: _____

Other: (Name): _____ DOB: _____

Other: (Name): _____ DOB: _____

Other: (Name): _____ DOB: _____

Other: (Name): _____ DOB: _____

Income Information for Yourself:

Source of Income: _____

Gross wages, salaries, tips, etc.: _____

Income from business and self-employment: _____

Unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income:

Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources:

Income Information for Your Spouse:

Source of Income: _____

Gross wages, salaries, tips, etc.: _____

Income from business and self-employment: _____

Unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income:

Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources:

TOTAL INCOME (from all sources, including spouse):

I certify that that the family size and income information shown above is correct.

Printed Name: _____

Signature: _____

Date: _____

Office Use Only:

Patient Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

Verification Checklist:

Identification/Address: Driver's License, utility bill, employment ID, etc: **Yes or No** (circle one)

Income: Prior year tax return, three most recent pay stubs, etc.: **Yes or No** (circle one)

Self-declaration of income may also be used.