



APPLICATION FOR FEE REDUCTION

Confidential

Psychology Associates of Chester County, Inc. realizes that the cost of treatment may present a financial hardship. Our policy is to offer a reduced fee for those with demonstrated financial need. Please provide the following information so that your request for a reduced fee can be considered. You will be notified of a decision within five business days.

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

Total Annual Household Income: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Reason for Requested Fee Reduction: \_\_\_\_\_

Are there any other members of your household receiving services here? Yes \_\_\_ No \_\_\_

Are there any other circumstances that are important in considering your request? \_\_\_\_\_

Our usual fees are \$160 for the initial evaluation and \$125 per session thereafter. What would you consider an affordable fee per visit at this time? \_\_\_\_\_

Are you willing to provide proof of income if requested? Yes \_\_\_ No \_\_\_

Acceptable proof of income would include:

- Copy of first page of most recent tax return
Copy of past two month's pay stubs
Copy of most recent bank statement
Proof of disability income (award letter)
Proof of unemployment

Please sign and return to: Psychology Associates of Chester County, Inc.
273 W. Uwchlan Avenue
Downingtown, PA 19335

Signature

Date

FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_ (Initial Evaluation) \_\_\_\_\_ (Subsequent visits)
Therapists Approval: \_\_\_\_\_ Administrative Approval: \_\_\_\_\_
PENDING ADDITIONAL INFORMATION: \_\_\_\_\_
REQUEST DECLINED: \_\_\_\_\_