

**HEAD & HEART THERAPY**  
**SLIDING SCALE POLICY**

Head & Heart Therapy (H&H) considers all requests for services, when availability exists, regardless of insurance coverage or financial status. We are funded through private-pay and fully insured client fees, which allows us to offer sliding scale to those who do not have the same privileges. Our intent is to provide access to quality mental health care to everyone, including those who do not enjoy the privileges and opportunities of others. We respectfully request that you deeply consider your privilege and access to resources when taking advantage of sliding scale opportunities.

We offer sliding scale to all income-eligible, fully uninsured or under-insured clients based on annual household income, household size and any hardship or extenuating circumstances that affect financial resources. We have a structured income guideline and fee schedule. Your application packet includes information on acceptable forms of verification.

If you have any additional questions, feel free to contact Danilo Escobar at 503-719-6279 or [danilo@headandhearttherapypdx.com](mailto:danilo@headandhearttherapypdx.com)

***How do I qualify?***

If you wish to qualify for a sliding scale fee you must show proof of gross annual income for all immediate family members living in your household (housemates not included). Gross income is all income, from all sources, before taxes. Applicants should provide a copy of their two most recent consecutive pay stubs and any award letters for state or federal financial assistance. If your income does not come from traditional employment, please contact us to explore other forms of verification. Eligibility for sliding scale will be reevaluated annually or when changes in financial resources occur, whichever comes first.

***How do I get started?***

To begin the sliding scale eligibility application process, fill out the enclosed application entirely and submit it to your clinician or Danilo Escobar before scheduling your first visit.

H&H accepts all Medicaid insurance plans, and most major insurances, though coverage is plan-specific, so prior verification is important. We are happy to provide you with assistance in determining if you qualify for Medicaid, as well as the application process. For those who are uninsured or underinsured, our sliding scale provides a variable cost structure on services to clients that qualify.

No one will be denied access to services at the H&H who meet these eligibility requirements; A nominal fee of \$20 per session will be charged to individuals and families who are at or below 120% of the federal poverty line.

\*Under-insured refers to health insurance policies that are catastrophic, high-deductible and/or do not include mental health benefits. Verification is required. Being outside of your particular network does not satisfy eligibility requirements

## SLIDING SCALE FEE APPLICATION

<b>Patient Information</b>			<b>Today's Date:</b> /        /			
First Name:	Middle:	Last:	Other names:			
Home Address:		City:	State:	Zip:		
Mailing Address:		City:	State:	Zip:		
Home Phone #: (     )        -		Home Phone #: (     )        -				
Date of Birth:        /        /	Do you have insurance? (circle one) Yes    No		Insurer:			
Marital Status:	Single	Partnered	Married	Divorced	Separated	Widowed

Household Size (do not include housemates)	
Name	Date of Birth
	/    /
	/    /
	/    /
	/    /
	/    /
	/    /

**NOTE:** In order to offer you sliding scale fees for our services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year or when there is a change to your income.

Your yearly income tax return, a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. Your annual income and your family size will be used to calculate your discount.

Gross Household Income			
Name	Amount	Frequency (Circle one)	Employer
You	\$	Weekly    Monthly    Yearly	
Spouse	\$	Weekly    Monthly    Yearly	
Children	\$	Weekly    Monthly    Yearly	
Other	\$	Weekly    Monthly    Yearly	
	\$	Weekly    Monthly    Yearly	
<b>TOTAL</b>	\$	Weekly    Monthly    Yearly	

  

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
SNAP Benefits					
Child Support, Alimony					
Interest/Investment Income					
Family Support/Trust Income					
Rental Income					
Other Income					
				<b>TOTAL</b>	<b>\$</b>

Hardship and/or extenuating circumstances you wish to be considered in your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do hereby affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding scale fee. I further agree to inform H&H if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of H&H. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name: \_\_\_\_\_ (printed)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_