



# DISCOVERY COUNSELING AND ASSESSMENT CENTER

420 Thomaston Street, Zebulon, GA 30295  
4006 E Hwy 34, Sharpsburg, GA 30277  
Phone (404) 960-1282  
Fax (855) 817-2428

## 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):

\_\_\_\_\_  
\*Note: Copies of tax returns, pay stubs, or other information verifying income will be required before a discount is approved.

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)