

# Bonnie Mondragon Counseling, PLLC

Bonnie Mondragon, M.S., LPC-S, RPT-

## Sliding Fee Discount Application

It is the policy of Bonnie Mondragon Counseling, PLLC to provide essential services regardless of the patient's ability to pay. Bonnie Mondragon Counseling, PLLC offers discounts based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this group practice. You must complete this form every 12 months or if your financial situation changes.

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

Name		Date of Birth
Self		
Other		
Other		
Other		
Other		
Other		

<b>Source</b>	<b>Self</b>	<b>Other</b>	<b>Total</b>
<b>Gross wages, salary, tips, etc.</b>			
<b>Income from business or self-employment</b>			
<b>Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income</b>			
<b>Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources</b>			
<b>Total Income</b>			

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

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Office Use Only**

**Patient Name:** \_\_\_\_\_

**Approved Discount:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

<b>Verification Checklist</b>	<b>Yes</b>	<b>No</b>
<b>Identification/Address: Driver's license, utility bill, employment ID, other</b>		
<b>Income: Prior year tax return, three most recent pay stubs, or other</b>		