

Moore Peace Counseling & Wellness PLLC

Sliding Scale Fee Application

We believe access to care matters. A limited number of reduced-fee appointments are available for clients experiencing financial hardship. Please complete the form below to be considered.

Full Name: _____

Household Size: _____

Employment Status: _____

Estimated Household Income Range:

- Under \$25,000
- \$25,000–\$50,000
- \$50,000–\$75,000
- \$75,000+

Briefly describe your current financial situation:

Important Agreement

- This application is used to determine eligibility for a reduced-fee appointment.
- Sliding scale appointments are limited and not guaranteed.
- Reduced fee may be reviewed periodically and adjusted as needed.
- I agree to notify Moore Peace Counseling & Wellness PLLC of any changes in my financial or insurance status.
- I understand that sliding scale rates apply to self-pay services only and cannot be used with insurance benefits.
- Additional information if needed to determine eligibility.
- I certify that the information provided is accurate and reflects my financial situation.

Attestation:

I certify that the information provided is accurate and reflects my current financial situation.

Signature: _____ Date: _____