

Wynns Family Psychology

Reduced Fee Application

Date:

Name of client:

Name of parent (if applicable):

Service requested: (therapy or testing, if testing, for what?)

Reason for requesting services?

Income level of household?*

Other financial burdens?

*Verification of income may be requested.

Please note:

- For therapy services, we require weekly or every/other week attendance to qualify for the reduced fee. If attendance becomes less frequent, we will resume regular therapy rates.
- Therapy clients must also agree if financial circumstances change (i.e., insurance benefits change, someone gets a raise or a job), you will let us know so we can resume the regular fee.
- Reduced fees are meant to be temporary. A new application will be required every 3-6 mos.

I agree the information reported in this application is accurate and can be verified upon request. I agree to attend weekly or every other week appointments in therapy. I understand I will no longer qualify for the reduced fee rate if attend less frequently. I also agree to notify my psychologist if my financial circumstances improve.

Name of client (or parent)

Date