



APPLICATION FOR FEE REDUCTION

Confidential

Psychology Associates of Chester County, Inc. realizes that the cost of treatment may present a financial hardship. Our policy is to offer a reduced fee for those with demonstrated financial need. Please provide the following information so that your request for a reduced fee can be considered. You will be notified of a decision within five business days.

Name: _____

Total Annual Household Income: _____

Number of Dependents: _____

Reason for Requested Fee Reduction: _____

Are there any other members of your household receiving services here? Yes ___ No ___

Are there any other circumstances that are important in considering your request? _____

Our usual fees are \$165 for the initial evaluation and subsequent sessions are \$130 (45 minute session) and \$165 (60 minute session). What would you consider an affordable fee per visit at this time? _____

Are you willing to provide proof of income if requested? Yes ___ No ___

Acceptable proof of income would include:

- Copy of first page of most recent tax return
Copy of past two month's pay stubs
Copy of most recent bank statement
Proof of disability income (award letter)
Proof of unemployment

Please sign and return to: Psychology Associates of Chester County, P.C.
273 W. Uwchlan Avenue
Downingtown, PA 19335

Signature

Date

FOR OFFICE USE ONLY

APPROVED: _____ (Initial Evaluation) _____ (Subsequent visits)
Therapists Approval: _____ Administrative Approval: _____
PENDING ADDITIONAL INFORMATION: _____
REQUEST DECLINED: _____