

STEFFANNIE ROACHE, LPC

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SLIDING SCALE PAYMENT PLAN:

- I understand that I am responsible for payment for services provided to me or my dependent(s).
- I have independently agreed to participate in the Sliding Scale Payment Plan as I choose to pay for my own care independently and do not have adequate private insurance.
- Payment is due at the beginning or ending of each counseling session unless other arrangements have been made prior.
- I understand that missed appointments without prior arrangements for non-emergent issues can require up to 100% the sliding scale fee.
- I understand that I must provide documented evidence of annual income to be considered for sliding scale (i.e. 3-consecutive check stubs, state or federal income tax, letter from a caseworker, or other document as agreed on prior.)

Instructions:

- (1) Find My family size (2) Find my gross household annual income \$
- (3) My discount is % (4) Multiply Discount % -by- Hourly Fee for Counseling = \$ (Amt. I'll pay)

Pay Nominal Fee		Pay 20% (80% Discount)	Pay 40% (60% Discount)	Pay 60% (40% Discount)	Pay 80% (20% Discount)	Pay 100% (Pay Full Fee)
Family Size	\$20/Hour					
1	\$0 to \$ 11,170	\$11,771 to \$14,713	\$14,714 to \$17,655	\$17,656 to \$20,598	\$20,599 to \$23,540	\$23,541+
2	\$0 to \$ 15,930	\$15,931 to \$19,913	\$19,914 to \$23,895	\$23,896 to \$27,878	\$27,879 to \$31,860	\$31,861+
3	\$0 to \$20,090	\$20,091 to \$25,113	\$25,114 to \$30,135	\$30,136 to \$35,158	\$35,159 to \$40,180	\$40,181+
4	\$ 0 to \$24,250	\$24,251 to \$30,313	\$30,314 to \$36,375	\$36,376 to \$42,438	\$42,439 to \$48,500	\$48,501+
5	\$ 0 to \$28,410	\$28,411 to \$35,513	\$35,514 to \$42,615	\$42,616 to \$49,718	\$49,719 to \$56,820	\$56,821+
6	\$ 0 to \$32,570	\$32,571 to \$40,713	\$40,714 to \$48,855	\$48,856 to \$56,998	\$56,999 to \$65,140	\$65,141+
7	\$ 0 to \$36,730	\$36,731 to \$45,913	\$45,914 to \$55, 095	\$55,096 to \$64,278	\$64,279 to \$73,460	\$73,461+
8	\$ 0 to \$40,890	\$40,891 to \$51,113	\$51,114 to \$61,335	\$61,336 to \$71,558	\$71,559 to \$81,780	\$81,781+

Signature of Patient or Personal Representative

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date _____ Description of Personal Representative's Authority: _____