

Income Based Fee Schedule

Policy Effective Date: February 11, 2016

I ELECT to participate with Lorenzen Chiropractic Clinic’s Income Based Fee Schedule. I **WILL** provide income verification (pay stub, W-2, or Federal Tax Return) to qualify.

Name: _____ Date: _____

A person qualifies for a “presumptive financial hardship” if “an applicant is receiving unemployment benefits and/or his or her actual total gross family income is at or under 150% of the current Federal Non-Farm Poverty Income Guidelines”.

Adjusted gross total family income is verified by supplying pay stubs, W-2’s (for both spouses) and/or Federal Tax Return. The information provided will be applied to the following matrix:

| Household Size | Base level | 150% | 200% | 300% | 400% |
|-------------------------|-------------------------|-------------|-------------|-------------|-------------|
| 1 | <\$11,880 | \$17,820 | \$23,760 | \$35,640 | \$47,520+ |
| 2 | <\$16,020 | \$24,030 | \$32,040 | \$48,060 | \$64,080+ |
| 3 | <\$23,550 | \$35,325 | \$47,100 | \$70,650 | \$94,200+ |
| 4 | <\$27,570 | \$41,355 | \$55,140 | \$82,710 | \$110,280+ |
| Doctor 30 min | Dr. Discretion | \$45 | \$55 | \$65 | \$75 |
| Therapist 30 min | Ther. Discretion | \$25 | \$30 | \$35 | \$40 |

I DO NOT ELECT to provide financial verification for Income Based Fee Schedule. We respect your privacy, however we will be unable to provide rate schedule as above.

Name: _____ Date: _____