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UNT SPEECH & HEARING CENTER
College of Health and Public Service

Fee Adjustment/Sliding Scale Form

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. Discounts are offered based on family size and annual income. The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including hearing aids and other such material goods. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD		PLACE OF EMPLOYMENT		
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income.				
Interest, dividends, rents, royalties, income from estates, trusts, education assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income is required before a discount is approved.

Comments:

UNIVERSITY OF NORTH TEXAS®
1155 Union Circle # 305010, Denton, Texas 76203 ~~~ 907 W. Sycamore Street, Denton, Texas 76201
940.565.2262 940.369.7702 fax http://speechandhearing.unt.edu/SPHS-clinic

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I certify that the family size and income information shown on the opposite page is correct.

Name (Print)			
Signature		Date	

Office Use Only

Patient Name:_____ Approved Discount: _____

Approved by: _____ Date: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

PERSONS IN FAMILY	Federal Poverty Level (FPL) *	80% Discount Pay 20%	60% Discount Pay 40%	40% Discount Pay 60%	20% Discount Pay 80%	No Discount Pay 100%
1	0-$12,140	$12,141-$15,175	$15,176-$18,210	$18,211-$21,245	$21,246-$24,280	$24,281+
2	1-$16,460	$16,461-$20,575	$20,576-$24,690	$24,691-$28,805	$28,806-$32,940	$32,941+
3	0-$20,780	$20,781-$25,975	$25,976-$31,170	$31,171-$36,365	$36,366-$41,560	$41,561+
4	0-$25,100	$25,101-$31,375	$31,376-$37,650	$37,651-$43,925	$43,926-$50,200	$50,201+
5	0-$29,420	$29,421-$36,775	$36,776-$44,130	$44,131-$51,485	$51,486-$58,840	$58,841+
6	0-$33,740	$33,741-$42,175	$42,176-$50,610	$50,611-$59,045	$59,046-$67,480	$67,481+
7	0-$38,060	$38,061-$47,575	$47,576-$57,090	$57,091-$66,605	$66,606-$76,120	$76,121+
8	0-$42,380	$42,381-$52,975	$52,976-$63,570	$63,571-$74,165	$74,166-$84,760	$84,761+
For each additional person, add	$4,320	$5,400	$6,480	$7,560	$8,640	$8,640

* Minimal Speech Therapy Fee $5.00 per session OR $75.00 for full semester (1 hour or less per week) or $120.00 for full semester (more than 1 hour per week): No discount for speech evaluation ($65-150). Minimal Audiology fee $25.00

For more information regarding sliding scales you may visit:
https://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf

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