

## Austin Speech Labs

### Required Documentation for Discounts

- Documentation is required for discounts after the initial visits
- **Proof of Income** (If Employed) One of the Following:
  - 1040
  - W2
  - 2 recent pay stubs
  - Written statement by employer
- **Proof of Income** (If Unemployed) One of the Following:
  - Public Assistance check stub/copy
  - Social Security check stub or letter of award
  - Certification letter from Medical Assistance or Department of Social Services
  - Completed zero income form
  - Written statement from friend or relative with whom patient lives (if other forms not available)
  - Letter of reference from a 501 (c) (3) organization, such as a church (if other forms not available)
- **Proof of Address** One of the following:
  - Driver's license
  - MVA ID
  - Any document (envelope recently) addressed to patient such as utility bill
  - A written statement by relative or friend with whom patient lives
- **Proof of Address** (Immigrants) One of the Following:
  - Form 1551
  - Form 194

### Recertifying Clients for Discount

- Patients are re-certified at least once per year, some organizations require re-certification every 6 months

### Postage of Discount Policy

- Postage of discount policy in a visible location is generally required, such as the cashier's desk, in the waiting room, or in the lobby

# Austin Speech Labs

## Fees Determination Data Sheet

It is the policy of Austin Speech Labs to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size.

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. The discount will apply to all services received at our office. Please inquire the staff if you have questions.

Number of persons living in your household: \_\_\_\_\_

### Total household income:

	<b>Annual</b>	<b>Monthly</b>	<b>Bi-Weekly</b>
Self			
Spouse			
Relatives			
Others			
<b>Total</b>			

**NOTE:** Include income from all persons in household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the household size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved and will be provided as may be requested.

\_\_\_\_\_  
**Name (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Office Use Only

Patient Name: \_\_\_\_\_

Discount: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Approved By: \_\_\_\_\_