

# BEAUTIFUL AUTISM, LLC

## Sliding Fee Discount Information/Application

It is the policy of Beautiful Autism to provide essential services regardless of the patient's ability to pay. Beautiful Autism offers discounts based on family size and annual income.

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 this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Client Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent(s) or Legal Guardian(s) (if client is a minor) \_\_\_\_\_

Please list all members in the household dependent on parent(s) or legal guardian(s):

Name and Date of Birth \_\_\_\_\_

Name and Date of Birth \_\_\_\_\_

Name and Date of Birth \_\_\_\_\_

Name and Date of Birth \_\_\_\_\_

Name and Date of Birth \_\_\_\_\_

**Please indicate below total annual gross income for each category:**

Household gross wages, salaries, tips, etc.	
Unemployment, Social Security, Retirement, Disability, Veterans Payment, Survivor Benefits, Pension, etc	
Interest, Dividends, Royalties, income from Rental Properties, Child Support, Assistant from Outside Resources, Estates, trust, etc.	
<b>Total Annual Household Income</b>	

**Self-declaration of income may also be used**

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Fax: 360-363-4235

Email: [jen@beautifulautism.com](mailto:jen@beautifulautism.com)

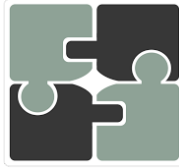
17825 59<sup>th</sup> Ave NE

Suite B

Arlington, WA 98223

BeautifulAutism.WordPress.com

Website: [www.beautifulautism.com](http://www.beautifulautism.com)



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I certify that the family size and income information shown above is correct.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Office Use Only

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

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

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

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		

\*Based on the 2022 [Federal Poverty Guidelines \(FPG\)](#) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

Number in household	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 00%
1	\$13,590	14,949	16,308	17,667	19,026	20,385	21,744	23,103	24,462	25,821	27,180	27,180+
2	\$18,310	20,141	21,971	23,803	25,643	27,465	29,296	31,127	32,958	34,789	36,620	36,620+
3	\$23,030	25,333	27,363	29,939	32,242	34,545	36,848	39,151	41,454	43,757	46,060	46,060+
4	\$27,750	30,525	33,300	36,075	38,850	41,625	44,400	47,151	49,950	52,725	55,500	55,500+
5	\$32,470	35,717	38,964	42,211	45,548	48,705	51,952	55,199	58,446	61,693	64,940	64,940+
6	\$37,190	40,909	44,628	48,347	52,066	55,785	59,504	63,223	66,942	70,661	74,380	74,380+
7	\$41,910	46,101	50,292	54,483	58,674	62,865	67,056	71,247	75,438	79,629	83,820	83,820+
8	\$46,630	51,293	55,956	60,619	65,282	69,945	74,608	79,271	83,934	88,597	93,260	93,260+
For each additional person, add	\$4,720	5,192	5,664	6,136	6,608	7,080	7,552	8,024	8,550	8,968	9,440	9,440

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