

A Courageous Mind Counseling
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acourageousmind.com

Experience the courage to heal and grow.

Request for Sliding Scale Fee

Yes No Do you have Medicaid?

Yes No Are you on disability?

Yes No Do you have insurance?

Yes No ___ Are you currently receiving any government assistance?

Please use the space below to briefly describe your situation that leads to your financial need. (Do not include any identifying information i.e. names, etc.) You may use the back of this form, if needed.

To be reviewed on _____ Client's adjusted fee: _____

Therapist's Signature