

WHOLELIFE COUNSELING CENTER, LLC
REQUEST FOR SLIDING FEE SCALE

All requests for use of the Sliding Fee Scale must accompany documentation:
Copy of ID AND (1) Copy of the following:

Page of most recent tax form showing gross income or
Unemployment documentation or Last
(2) paycheck stubs or
Other document showing income

Mail to: PO BOX 1641, Attention: Billing, Moncks Corner, SC 29461
Or

Scan and Email to: clientservices@wholelifessb.com, Attention: Billing

SLIDING FEE SCALE
(as of April 1, 2023)

Household Gross Annual Income	Assessment	Individual Session	Groups
\$0-\$30,000	\$125	\$55	\$35
\$30,001-\$65,000	\$125	\$75	\$40
\$65,001-Above	\$125	\$90	\$45

ATTESTMENT

I _____ attest that my current gross income is \$_____. I am requesting the corresponding fee per session of \$_____.

CLIENT SIGNATURE

FOR OFFICE USE ONLY:

Client Name

APPROVE/DENIED

Client met/did not meet income requirements and did/did not submit documentation.

PRINTED NAME OF REVIEWER

SIGNATURE OF REVIEWER