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HEART-ship Application

SLIDING FEE DISCOUNT INFORMATION

It is the policy of Mirror 2 the Heart PLLC (M2H) to provide essential services regardless of the patient's ability to pay. M2H offers discounts based on family size and annual income. These services are based on a standard treatment plan devised for the individual seeking services. Number of sessions are determined by the treatment plan which will be a minimum of 6 sessions and caps out at 24 within a calendar year.

Please complete the following information. You can either return to front desk or email to admin@mirror2theheart.com to determine if you or members of your family are eligible for a discount. DOCUMENTATION is required for approval.

The discount will apply to all services received at this practice, but not those services rendered by outside referrals such as psychiatric evaluations, higher level of care, labs, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name of Head of Household _____ **Employed?** **Yes** **No**
If yes where? _____

Street _____ **Email Address** _____

City _____ **State** _____ **Zip** _____ **Mobile Phone** _____

PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE 18

NAME	DATE OF BIRTH (MM/DD/YYYY)	NAME	DATE OF BIRTH

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross Wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, Workers' compensation, Social Security, Supplemental Security Income				
Public Assistance, Child Support, Alimony				
Veterans' payments, Survivor benefits, Pension or Retirement Income (401K)				
Interest, Dividends, Rents, Royalties, Income from estates, Trusts				
Educational Assistance, Other assistance from outside the household				

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

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

Name (Print) _____

Signature _____ Date _____

OFFICE USE ONLY

Client Name _____

Approved Discount _____

Approved By _____

Date Approved _____

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment, ID, other	<input type="checkbox"/>	<input type="checkbox"/>
Income: Prior year tax return, three most recent pay stubs, other	<input type="checkbox"/>	<input type="checkbox"/>
Insurance: Insurance Cards (i.e., Medicaid, Medicare)	<input type="checkbox"/>	<input type="checkbox"/>

