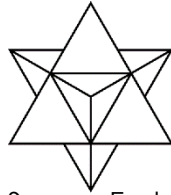


Soulstone Spa & Apothecary



32 Union Square East, Ste. 1115

New York, NY 10003

347-766-1939

Sliding Scale Discount Application

Today's Date: _____

Name: _____

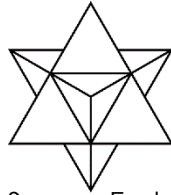
Address: _____

Home Phone #: _____

Date of Birth: _____

NOTE: To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year. Please bring or attach your yearly income tax return, copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive as proof of family income. Only the family size and total gross annual income will be used to determine your eligibility and calculate your discount.

Soulstone Spa & Apothecary



32 Union Square East, Ste. 1115

New York, NY 10003

347-766-1939

Sliding Scale Discount Application Worksheet

Household Size

Name	Age	Relationship
Self		

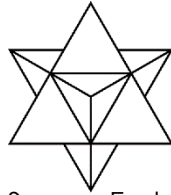
Household Income

Name	Amount	Frequency (Circle one)
Self	\$	Weekly Monthly Yearly
	\$	Weekly Monthly Yearly
	\$	Weekly Monthly Yearly
	\$	Weekly Monthly Yearly

Other Income

Name	Amount	Frequency (Circle one)
Social Security	\$	Weekly Monthly Yearly
Public Assistance	\$	Weekly Monthly Yearly
Pension	\$	Weekly Monthly Yearly
Food Stamps	\$	Weekly Monthly Yearly
Child Support	\$	Weekly Monthly Yearly
Alimony	\$	Weekly Monthly Yearly
Interest Income	\$	Weekly Monthly Yearly
Other	\$	Weekly Monthly Yearly

Soulstone Spa & Apothecary



32 Union Square East, Ste. 1115

New York, NY 10003

347-766-1939

Worksheet Total \$ _____

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and future appointments at Soulstone Spa & Apothecary. I further agree to inform Soulstone Spa & Apothecary if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I understand approval is for one year only and that I will need to reapply to continue receiving the discounted rate. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name (Print): _____

Signature: _____

Date: _____

Office Use Only:

Reviewer: _____

Sliding Scale:

A – 40% Discount (up to 55K)

B – 30% Discount (55K – 69K)

C – 20% Discount (70K – 85K)

D – 0% Discount (85K and up)

Sliding Scale Fee Level: _____

Date: _____

Approved

Denied