Edward D. Mysak Clinic for Communication Disorders  
TEACHERS COLLEGE, COLUMBIA UNIVERSITY  
BOX 191 / 525 WEST 120TH STREET / 101 MACY HALL  
NEW YORK, NEW YORK 10027  
TEL: (212) 678-3409  
FAX: (212) 678-3718

Sliding Fee Scale Policy

POLICY: Effective August 1, 2011

1. This policy provides general, minimum requirements for the Sliding Fee Scale for clients at the Edward D. Mysak Clinic for Communication Disorders.
2. The Sliding Fee Scale is a discount program for clients at the Edward D. Mysak Clinic for Communication Disorders that applies to a client’s self-pay charges for services rendered based on his/her income and family size.
3. Thorough and consistent guidelines for the Sliding Fee Scale will ensure that all clients who request a discount are treated in a fair and equal manner.
4. The Sliding Fee Scale will allow the Edward D. Mysak Clinic for Communication Disorders to assist clients with payment of their charges at the clinic by allowing them a percentage discount on services based on their income and family size.

PROCEDURES

1. All income will be verified annually for all clients who wish to be eligible for the Sliding Fee Scale.
2. Acceptable means of income verification are those that demonstrate yearly salary:
   - Previous year W-2
   - End of year pay stub that shows year-to-date earnings
   - Income tax forms
   - If you work for cash, are currently unemployed, or receiving public assistance, a letter stating your situation from your employer, a social worker, or unemployment will be considered
3. The Sliding Fee Scale is reviewed and changed annually to reflect any changes in the guidelines necessary for this plan.
4. Any changes in income or family size MUST be reported to the clinic. These changes include:
   - **Family Income Changes:**
     - Obtaining employment, becoming self-employed
     - Loss of employment, loss of business
     - Change in wages – increase or decrease
     - Becoming eligible for or ineligible for: unemployment workers’ comp., disability, SSI, SSD, child support, retirement benefits
     - Bankruptcy filings
     - Becoming a landlord, manager or caretaker
     - Change in payment or receipt of child support
     - Changes in responsibility for account
   - **Family Size Changes:**
     - Marriage
     - Change in domestic partner living arrangements
- Divorce or separation
- Birth
- Death
- Adoption

- **Name Address and phone changes:**
  - The definition of “Family” for the Edward D. Mysak Clinic for Communication Disorders is: Mother, Father, Children, Significant Other, Husband, Wife and any dependent adult or child who is supported by the family unit and benefits from the combined income. Roommates do not qualify as “Family”.

For questions or further information about fees please contact the Mysak Clinic at 212-678-3410.
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Sliding Fee Scale Application Form

Client’s Name: ________________________________  Semester: ______________

Name of Contact Person (if other than Client): __________________________

Phone Number: ______________________________

Client’s full mailing address: ___________________________________________

Service (circle one):  Evaluation  Treatment  Sessions Per Week:______________

Household Composition:

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Please attach an acceptable means of income verification are those that demonstrate yearly salary:

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