Counseling and Wellness Services

Request for Fee Waiver / Reduction

We are dedicated to providing services to the students of Wright State University. If a student is truly unable to pay their session fees we will consider a waiver of the fee or a reduction in fees (if the student is receiving multiple services). Students are encouraged to discuss the impact of session fees on their financial situation with their provider. Students may request a fee waiver or reduction by completing this form and submitting it to their provider. The provider will then complete their section of the form and submit it to the Director, Counseling and Wellness Services

Client Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

I am requesting a:

\_\_\_\_\_ Missed Session Fee waiver. Missed Session Date: \_\_\_/\_\_\_/\_\_\_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale for Missed Session Fee waiver request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Waiver of Individual Therapy Session Fees. \_\_\_\_\_ Waiver of Group Therapy Session Fees.

\_\_\_\_\_ Waiver of Couples Therapy Session Fees. \_\_\_\_\_ Waiver of Sports Psychology and Performance Enhancement Session Fees.

\_\_\_\_\_ Waiver of all Psychological Assessment Fees.

Please provide information regarding those situations resulting in your inability to pay the assessed fee(s).

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I have discussed this waiver request with my provider: \_\_\_\_ Yes \_\_\_\_ No

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**REQUEST FOR FEE WAIVER/REDUCTION MUST BE MADE WITHIN 30 DAYS OF THE DATE OF THE FIRST SESSION INCLUDED IN THE WAIVER REQUEST.**

**TO BE COMPLETED BY EACH PROVIDER OF A SERVICE FOR WHICH A WAIVER IS REQUESTED**

Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_

Service Providing: \_\_\_Individual \_\_\_Group \_\_\_Couples \_\_\_ Psychological Assessment

For session waiver only: I have reviewed the client’s financial status regarding the waiver requested \_\_\_ Yes \_\_\_ No

Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_

Service Providing: \_\_\_Individual \_\_\_Group \_\_\_Couples \_\_\_ Psychological Assessment

For session waiver only: I have reviewed the client’s financial status regarding the waiver requested \_\_\_ Yes \_\_\_ No

Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_

Service Providing: \_\_\_Individual \_\_\_Group \_\_\_Couples \_\_\_ Psychological Assessment

For session waiver only: I have reviewed the client’s financial status regarding the waiver requested \_\_\_ Yes \_\_\_ No