



## Kindred Counseling Center

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Meghan B. Jerry, MFT, LLC

Tax ID: 81-2964599

NPI #: 1245783018

PA License #: MF001145

Doylestown

350 S. Main St.

Suite 306

Doylestown, PA 18901

### Reduced Fee Agreement (Scholarship Request)

This agreement is intended for clients seeking a reduced fee due to financial hardship. I offer a limited number of reduced-fee spots as part of my commitment to supporting members of the community during times of need. I am ethically required to document the reason for this accommodation and to revisit the agreement regularly. Please know this process is not intended to be intrusive, but rather to promote transparency and fairness—particularly when one client is paying less for the same services as another.

Kindly complete the information below and sign with today's date.

I, \_\_\_\_\_ (Client), respectfully request a reduced fee (scholarship) from Meghan B. Jerry, MFT, LLC. I am asking to reduce the standard session fee of \$280 for a 50-minute session to \$ \_\_\_\_\_ for a 50-minute session for the following reason(s):

- ☐ I, or a member of my household who contributes to shared expenses, have recently incurred unexpected expenses, and I/we need time to recover financially. These expenses include: \_\_\_\_\_
- ☐ I, or a member of my household who contributes to shared expenses, am currently earning reduced income for the following reason(s): \_\_\_\_\_
- ☐ I, or a member of my household who contributes to shared expenses, am currently unemployed and actively seeking work.
- ☐ I, or a member of my household who contributes to shared expenses, am currently unable to work due to illness.
- ☐ Other (please describe): \_\_\_\_\_

This agreement will be reviewed annually in December to determine whether assistance is still appropriate.

### Client Consent and Agreement

By signing below, I acknowledge that I have read, understood, and agree to the information above, and that the information I have provided is a truthful account of my situation. I understand this reduced fee is offered based on financial need and my honest communication about my circumstances. If my financial situation changes before the agreed-upon review date, I agree to notify the therapist as soon as possible so that my scholarship may be made available to another client in need.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date