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***Center for EMDR Therapy***  
***Request for Fee Adjustment***

I hereby state that the \$100/session fee presents a financial hardship for me, and request a fee adjustment so that I can receive 12 sessions of EMDR Therapy. (I understand that I can re-apply for further sessions after I have received 12 sessions.)

My approximate net income for the prior calendar year was: \_\_\_\_\_

Paying the full \$100 fee represents a financial hardship for me because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I request a 25 % adjustment, and can pay \$ 75.00/session.

\_\_\_\_\_ I request a 50 % adjustment, and can pay \$ 50.00/session.

**Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_