



Higher Alignment Chiropractic  
PO Box 975  
Clarkdale, AZ 86324  
Phone: (928) 800-4345  
Fax: (928) 832-4345

## Higher Alignment Chiropractic Financial Assistance (CFA) Program

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### How the program works

- The program offers “awards” to help qualified applicants pay for care based on their financial needs.
- It's available to all Higher Alignment Chiropractic patients.
- If awarded, the program will cover 30% of the Fee Schedule cost of all services offered by Higher Alignment Chiropractic PLLC.

### How to Qualify

#### You must meet the following eligibility requirements:

- Your gross household income is no more than 200% of the federal poverty level.
- You are not utilizing Medicare or any other third-party coverage to pay your cost of care at Higher Alignment Chiropractic PLLC.

Federal Poverty Guidelines (FPG) for 2026	
If your household size is:	30% Award for gross income at or below 200% FPG
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300

Visit <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

### How to Apply

- Apply online: [Online CFA Application](#)
- OR complete the CFA application on the following page. Then perform **one** of the following:
  - Mail your completed application to:  
P.O. Box 975  
Clarkdale, AZ 86324
  - Fax your completed application to:  
928-832-4345

### What to expect after you apply

After we review your completed application, we'll let you know one of the following outcomes:

- Your application was approved and you'll get a financial award.
- Your application was denied and why it was denied, in which case you can appeal our decision.



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## Chiropractic Financial Assistance (CFA) Program Application

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Household size:** Number of family members (including you) who live in your home. May include a spouse or qualified domestic partner, children, a non-parent caretaker relative, etc.

**Household income (monthly):** Total gross income for all family members in the household. Check ALL income types that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Employment Income/Wages                     | <input type="checkbox"/> Alimony/ Child Support   |
| <input type="checkbox"/> Business Income/Rental Property             | <input type="checkbox"/> Pension or Retirement/ Annuities                                   |
| <input type="checkbox"/> Unemployment Benefits/<br>Disability Income | <input type="checkbox"/> Social Security/ Supplemental Security<br>Income/Veterans Benefits |

\$ \_\_\_\_\_

**Please list all members of your household applying for the program.**

Name	Date of birth	Relationship
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Assistance not enough? Higher Alignment Chiropractic can help.** If you cannot afford to pay or pay fully at time of service, we can help you understand additional options. Check this box if you would like Higher Alignment Chiropractic to contact you to discuss your options.

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I hereby declare that all information set forth in this application is true, accurate, and complete in all respects. I also acknowledge and agree that I am liable to Higher Alignment Chiropractic PLLC for all remaining amounts owing to Higher Alignment Chiropractic PLLC for services provided.

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