Sliding Scale Fee for Uninsured and Underinsured

			ie and Number of Peop										
Annual	ncome .	Number of People in the Household											
		One	Тwo	Three-Four	Five or More								
\$0.00	\$15,060.00	\$5.00	\$5.00	\$5.00	\$5.00								
\$15,060.01	\$20,440.00	90%	\$5.00	\$5.00	\$5.00								
\$20,440.01	\$25,820.00	80%	90%	\$5.00	\$5.00								
\$25,820.01	\$31,200.00	70%	80%	90%	\$5.00								
\$31,200.01	\$36,580.00	60%	70%	80%	90%								
\$36,580.01	\$41,960.00	50%	60%	70%	80%								
\$41,960.01	\$47,340.00	40%	50%	60%	70%								
\$47,340.01	\$52,720.00	30%	40%	50%	60%								
\$52,720.01	\$58,100.00	20%	30%	40%	50%								
\$58,100.01	\$63,480.00	10%	20%	30%	40%								
\$63,480.01	\$68,860.00	0*	10%	20%	30%								
\$68,860.01	\$74,240.00	0*	0*	10%	20%								
\$74,240.01	\$79,620.00	0*	0*	0*	10%								
\$79,620.01	\$85,000.00	0*	0*	0*	0*								

*Consumers who do not qualify for sliding fee do qualify for a 20% discount for payment in full at time of service. *The income guidelines Per: https://aspe.hhs.gov/poverty-guidelines

Cost of Service per Discount Rate																						
	Γ	Type of Service																				
Discount Rate		Intake		Therapy 16-37 mins		Therapy	Therapy 53+ mins		Group	Crisis		Case Manage			Peer		edication Visit	Medication Visit		ledication Visit	Medication Visit	Intake with MD
						38-52 mins			Group		15 mins		15 mins		15 mins		Level 2	Level 3		Level 4	Level 5	intake with MD
90%	\$	38.00	\$	16.00	\$	22.00	\$ 32.00	0\$	6.00	\$	9.00	\$	5.00	\$	6.00	\$	12.00	\$ 19.00	0\$	28.00	\$ 39.00	\$ 42.00
80%	\$	75.00	\$	32.00	\$	43.00	\$ 63.00	0 \$	\$ 11.00	\$	18.00	\$	10.00	\$	12.00	\$	24.00	\$ 39.00	D \$	55.00	\$ 77.00	\$ 84.00
70%	\$	113.00	\$	49.00	\$	65.00	\$ 95.00	0\$	\$ 17.00	\$	27.00	\$	15.00	\$	19.00	\$	37.00	\$ 58.00	D \$	83.00	\$ 116.00	\$ 126.00
60%	\$	150.00	\$	65.00	\$	86.00	\$ 126.0	0 \$	\$ 23.00	\$	36.00	\$	20.00	\$	25.00	\$	49.00	\$ 78.00	D \$	110.00	\$ 154.00	\$ 168.00
50%	\$	188.00	\$	81.00	\$	108.00	\$ 158.0	0 \$	\$ 29.00	\$	45.00	\$	25.00	\$	31.00	\$	61.00	\$ 97.00	0\$	138.00	\$ 193.00	\$ 211.00
40%	\$	225.00	\$	97.00	\$	129.00	\$ 189.0	0 \$	\$ 34.00	\$	54.00	\$	30.00	\$	37.00	\$	73.00	\$ 116.00	0\$	165.00	\$ 232.00	\$ 253.00
30%	\$	263.00	\$	113.00	\$	151.00	\$ 221.0	0 \$	\$ 40.00	\$	63.00	\$	35.00	\$	43.00	\$	85.00	\$ 136.00) \$	193.00	\$ 270.00	\$ 295.00
20%	\$	300.00	\$	130.00	\$	172.00	\$ 252.0	0 \$	\$ 46.00	\$	72.00	\$	40.00	\$	50.00	\$	98.00	\$ 155.00) \$	220.00	\$ 309.00	\$ 337.00
10%	\$	338.00	\$	146.00	\$	194.00	\$ 284.0	0 \$	51.00	\$	81.00	\$	45.00	\$	56.00	\$	110.00	\$ 175.00) \$	248.00	\$ 347.00	\$ 379.00
0%	\$	375.00	\$	162.00	\$	215.00	\$ 315.0	0 \$	\$ 57.00	\$	90.00	\$	50.00	\$	62.00	\$	122.00	\$ 194.00)\$	275.00	\$ 386.00	\$ 421.00

No one will be denied access to services due to inability to pay. There is a discount/sliding fee schedule available based on family size and income. If you have any questions, please follow up with our billing department at 303-853-3500, option 5.

