

Sliding Fee Scale Based on Monthly Income Upon Proof Of Income Receipt**

Household Family Size	Pay Min** / 100% Slide	10% Pay / 90% Slide	20% Pay / 80% Slide	30% Pay / 70% Slide	40% Pay / 60% Slide	50% Pay / 50% Slide	60% Pay / 40% Slide	70% Pay / 30% Slide	80% Pay / 20% Slide	90% Pay / 10% Slide	100% Pay / 0% Slide
1	\$0 - \$1,255	\$ 1,256 - \$ 1,569	\$ 1,570 - \$ 1,669	\$ 1,670 - \$ 1,694	\$ 1,695 - \$ 1,883	\$ 1,884 - \$ 2,196	\$ 2,197 - \$ 2,259	\$ 2,260 - \$ 2,510	\$ 2,511 - \$ 2,824	\$ 2,825 - \$ 3,138	over \$ 3,139
2	\$0 - \$1,703	\$ 1,704 - \$ 2,129	\$ 2,130 - \$ 2,265	\$ 2,266 - \$ 2,300	\$ 2,301 - \$ 2,555	\$ 2,556 - \$ 2,981	\$ 2,982 - \$ 3,066	\$ 3,067 - \$ 3,407	\$ 3,408 - \$ 3,833	\$ 3,834 - \$ 4,258	over \$ 4,259
3	\$0 - \$ 2,152	\$ 2,153 - \$ 2,690	\$ 2,691 - \$ 2,862	\$ 2,863 - \$ 2,905	\$ 2,906 - \$ 3,228	\$3,229 - \$3,765	\$ 3,766 - \$ 3,873	\$ 3,874 - \$ 4,303	\$ 4,304 - \$ 4,841	\$ 4,842 - \$ 5,379	over \$ 5,380
4	\$0 - \$ 2,600	\$ 2,601 - \$ 3,250	\$ 3,251 - \$ 3,458	\$ 3,459 - \$ 3,510	\$3,511 - \$3,900	\$ 3,901 - \$ 4,550	\$ 4,551 - \$ 4,680	\$ 4,681 - \$ 5,200	\$ 5,201 - \$ 5,850	\$ 5,851 - \$ 6,500	over \$ 6,501
5	\$0 - \$3,048	\$ 3,049 - \$ 3,810	\$ 3,811 - \$ 4,054	\$ 4,055 - \$ 4,115	\$ 4,116 - \$ 4,573	\$ 4,574 - \$ 5,335	\$ 5,336 - \$ 5,487	\$ 5,488 - \$ 6,097	\$ 6,098 - \$ 6,859	\$ 6,860 - \$ 7,621	over \$ 7,622
6	\$0 - \$3,497	\$ 3,498 - \$ 4,371	\$ 4,372 - \$ 4,651	\$ 4,652 - \$ 4,721	\$ 4,722 - \$ 5,245	\$ 5,246 - \$ 6,119	\$ 6,120 - \$ 6,294	\$ 6,295 - \$ 6,993	\$ 6,994 - \$ 7,868	\$7,869 - \$ 8,742	over \$ 8,743
7	\$0 - \$3,945	\$ 3,946 - \$ 4,931	\$ 4,932 - \$ 5,247	\$ 5,248 - \$ 5,326	\$5,327 - \$5,918	\$ 5,919 - \$ 6,904	\$ 6,905 - \$ 7,101	\$7,102 - \$7,890	\$7,891 - \$8,876	\$ 8,877 - \$ 9,863	over \$ 9,864
8	\$0 - \$4,393	\$ 4,394 - \$ 5,492	\$ 5,493 - \$ 5,843	\$ 5,844 - \$ 5,931	\$ 5,932 - \$ 6,590	\$6,591 - \$7,688	\$7,689 - \$7,908	\$7,909 - \$8,787	\$ 8,788 - \$ 9,885	\$ 9,886 - \$ 10,983	over \$10,984

For each additional family member add \$ 448

**15.00 Minimum Fee applies to all services; the sliding fee will not fall below this minimum.

All sliding fee approvals are subject to formal proof of income. **Co-pays are due at the time of service.**

Fee Schedule for Chemical Dependency Services							
Service		Rate	CPT Code	Service	Rate		CPT Code
SUD Evaluations	\$	200.00	H0001	Individual Counseling Session \$	181.88	60 minutes	H0004
UA	\$	57.00	80305	Group Therapy Session \$	167.54	First 60 min	96164/96165
				IOP Group \$	784.49	3 hrs	96164/96165
				Alcohol/Drug Information School \$	160.00	8 hrs	H0026
Crisis Sarvisas	ć		NO CHARGE	Alcoholidg Information School \$	100.00	01115	H0020

Service		Rate		CPT Code	Service	Rate		CPT Code
ntake	\$	275.00	Per Hour	90791	Medication Manage	ement \$ 282.50	Per 30 MIn	99214
sychiatric/ ledication	\$	375.00	Per Hour	90792	Individual Coun		Per Hour	90837
lursing Assessment	\$	40.52	Per Session	T1001	Anger Manage	ement \$ 160.00	Per Session	90853

In order to qualify for our sliding fee program, you must have no other coverage such as private insurance or Medicaid. No one will be denied treatment due to inability to pay.