



2015 Behavioral Health Sliding Fee Scale – Schedule of Discounts

FAMILY SIZE	ANNUAL INCOME				
1	0 to 11770	11771 to 15654	15655 to 19538	19539 to 23540	23541
2	0 to 15930	15931 to 20710	20711 to 26443	26444 to 31860	31861
3	0 to 20090	20091 to 26720	26721 to 33349	33350 to 40180	40181
4	0 to 24250	24251 to 31525	31526 to 40255	40256 to 48500	48501
5	0 to 28410	25411 to 36933	36934 to 47160	47161 to 56820	56821
6	0 to 32570	32571 to 43318	43319 to 54066	54067 to 65140	65141
7	0 to 36730	36731 to 48851	48852 to 60971	60972 to 73460	73461
8	0 to 40890	40891 to 54384	54385 to 67877	67878 to 81780	81780
9	0 to 45050	45051 to 59916	59917 to 74783	74784 to 90100	90101
10	0 to 49210	49211 to 65445	65446 to 81688	81689 to 98420	98421
Payment	B \$5 Minimum	C \$25 or Minimum	D \$35 or Minimum	E \$45 or Minimum	100% FULL PAYMENT 30% discount if paid at time of service.

Effective 04/01/2015 - Based Upon the Federal Register /Vol. 80, No. 14 /Thursday, January 22, 2015

- 1. All patients, regardless of income, are subject to a nominal fee.**
- 2. There will be no denial of care due to an inability to pay.**
- 3. For family units with more than 10 members, add \$4160 for each additional member.**
- 4. Eligibility for the Sliding Fee Program will be effective for no more than the following 12 months.**
- 5. To qualify for the Sliding Fee Discount Program, a sliding fee application must be completed; proof of income and a photo ID are required.**