

# Mental Health & Recovery Services JH

## Sliding Scale Fee (SSF) Schedule

The SSF is per hour based on reported gross family income. The funds to subsidize this program come from the state contract. We MUST have income verification to process the sliding fee (state contract requirement). You will be charged our usual and customary fee until we receive the required documentation.

- Psychiatric services are not a stand-alone or a crisis service and are to be offered to those engaged in treatment.
- Many mental health services are covered by commercial insurance. MHRS bills insurance at our usual and customary rates. You may be required to pay an insurance co-payment fee; however, it will not exceed your fee on the sliding scale. Any services not covered by third-party payment will be charged to your account according to the SSF. If you are covered by Medicaid or Medicare, you will not be charged a co-payment, but may be charged personally, on the sliding fee scale, for services not covered by those insurance programs. The Chips program has required co-pays which you are responsible for.
- It is your obligation to inform the receptionist if you have insurance to use for billing and when there are changes to your insurance status.
- If your health insurance requires pre-authorization for services, it is your responsibility to coordinate this with your insurance company. MHRS will be glad to assist with any information that may be required by your insurance. A Full SSF may be charged until all preauthorization requirements are satisfied.
- A collection agency may be utilized to collect overdue accounts.
- Parents are responsible for fees associated with the treatment of their child. The parent or guardian signing this document will be considered the responsible party unless court documents are produced (within 10 days) indicating otherwise.
- In the event of third-party contracts (DFS, DVR, EAP etc.) you will be responsible for the SSF until all documentation or referral verification is received.

I HAVE RECEIVED AND READ THE INFORMATION ABOUT FINANCIAL PROCEDURES, AND AGREE TO THE FOLLOWING:

1. Based on my reported income and household size my SSF has been set at: \$ \_\_\_\_\_ per hour/  
individual therapy.
2. Group therapy services SSF is \$ \_\_\_\_\_ per session.
3. Psychiatric services (Medication Management appointments) are \$ \_\_\_\_\_ per visit.
4. Other services such as Court Assessments have a set fee due and payable at time of assessment.

I agree that by signing this document I am responsible for paying the fees as determined above for services rendered. I understand that payment is expected at the time of service unless otherwise arranged with the organization.

Signature (Self/Guardian/Responsible Party) \_\_\_\_\_

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

IF YOU HAVE ANY QUESTIONS ABOUT THE POLICY/FORM PLEASE ASK THE RECEPTIONIST TO ASSIST YOU.

Persons in Household	Based on federal Poverty Guidelines 2023										
	100%	125%	150%	200%	250%	300%	350%	400%	500%	600%	700%
<b>1</b>	\$14,580	\$18,225	\$21,870	\$29,160	\$36,450	\$43,740	\$51,030	\$58,320	\$72,900	\$87,480	\$102,060
<b>2</b>	\$19,720	\$24,650	\$29,580	\$39,440	\$49,300	\$59,160	\$69,020	\$78,880	\$98,600	\$118,320	\$138,040
<b>3</b>	\$24,860	\$31,075	\$37,290	\$49,720	\$62,150	\$74,580	\$87,010	\$99,440	\$124,300	\$149,160	\$174,020
<b>4</b>	\$30,000	\$37,500	\$45,000	\$60,000	\$75,000	\$90,000	\$105,000	\$120,000	\$150,000	\$180,000	\$210,000
<b>5</b>	\$35,140	\$43,925	\$52,710	\$70,280	\$87,850	\$105,420	\$122,990	\$140,560	\$175,700	\$210,840	\$245,980
<b>1</b>	\$14,580	\$18,225	\$21,870	\$29,160	\$36,450	\$43,740	\$51,030	\$58,320	\$72,900	\$87,480	\$102,060
<b>6</b>	\$40,280	\$50,350	\$60,420	\$80,560	\$100,700	\$120,840	\$140,980	\$161,120	\$201,400	\$241,680	\$281,960
<b>7</b>	\$45,420	\$56,775	\$68,130	\$90,840	\$113,550	\$136,260	\$158,970	\$181,680	\$227,100	\$272,520	\$317,940
<b>8</b>	\$50,560	\$63,200	\$75,840	\$101,120	\$126,400	\$151,680	\$176,960	\$202,240	\$252,800	\$303,360	\$353,920
<b>10+</b>	\$60,840	\$76,050	\$91,260	\$121,680	\$152,100	\$182,520	\$212,940	\$243,360	\$304,200	\$365,040	\$425,880

### Discounted Rate

Individual Therapy	0	10	20	30	40	50	60	70	90	120	150
Group Therapy Session	0	5	10	15	20	25	30	35	45	60	75
Medication Management	0	20	40	60	80	100	120	140	180	200	220

### Non-Discount Services

DUI Class	\$350
SUD Evaluation	\$250
Insight Class	\$250
Adolescence Eval	\$350