

Psychiatry Financial Assistance Programs

Sliding Scale Fee Chart 2019

Outpatient Fee per visit	Medicaid	\$0.00	\$10.00	\$15.00	\$20.00	\$35.00	\$40.00	\$45.00	\$50.00	\$75.00	\$95.00	\$110.00	Full
Rx & Lab Fee per Rx or Test **	Eligible *	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	\$30.00	Full	Full	Full	Full	Full	Full
Poverty Percent		100%	125%	150%	175%	200%	214%	228%	243%	257%	272%	286%	300%
Family Size	0	12,491	15,614	18,736	21,859	24,981	29,989	34,997	40,005	44,977	49,985	54,993	60,001
1	to	to	to	to	to	to	to	to	to	to	to	to	up
		12,490	15,613	18,735	21,858	24,980	29,988	34,996	40,004	44,976	49,984	54,992	60,000
	0	16,911	21,139	25,366	29,594	33,821	38,423	43,024	47,626	52,196	56,798	61,399	66,001
2	to	to	to	to	to	to	to	to	to	to	to	to	up
		16,910	21,138	25,365	29,593	33,820	38,422	43,023	47,625	52,195	56,797	61,398	66,000
	0	21,331	26,664	31,996	37,329	42,661	46,714	50,766	54,819	58,843	62,896	66,948	71,001
3	to	to	to	to	to	to	to	to	to	to	to	to	up
		21,330	26,663	31,995	37,328	42,660	46,713	50,765	54,818	58,842	62,895	66,947	71,000
	0	25,751	32,189	38,626	45,064	51,501	55,005	58,508	62,012	65,491	68,994	72,498	76,001
4	to	to	to	to	to	to	to	to	to	to	to	to	up
		25,750	32,188	38,625	45,063	51,500	55,004	58,507	62,011	65,490	68,993	72,497	76,000
	0	30,171	37,714	45,256	52,799	60,341	63,295	66,250	69,204	72,138	75,092	78,047	81,001
5	to	to	to	to	to	to	to	to	to	to	to	to	up
		30,170	37,713	45,255	52,798	60,340	63,294	66,249	69,203	72,137	75,091	78,046	81,000
	0	34,591	43,239	51,886	60,534	69,181	71,586	73,992	76,397	78,785	81,190	83,596	86,001
6	to	to	to	to	to	to	to	to	to	to	to	to	up
		34,590	43,238	51,885	60,533	69,180	71,585	73,991	76,396	78,784	81,189	83,595	86,000
	0	39,011	48,764	58,516	68,269	78,021	80,020	82,019	84,018	86,004	88,003	90,002	92,001
7	to	to	to	to	to	to	to	to	to	to	to	to	up
		39,010	48,763	58,515	68,268	78,020	80,019	82,018	84,017	86,003	88,002	90,001	92,000
	0	43,431	54,289	65,146	76,004	86,861	88,311	89,761	91,211	92,651	94,101	95,551	97,001
8 ***	to	to	to	to	to	to	to	to	to	to	to	to	up
		43,430	54,288	65,145	76,003	86,860	88,310	89,760	91,210	92,650	94,100	95,550	97,000

*Patients in this category are eligible for Medicaid; if they are not on Medicaid, they should ask for assistance in applying.

**The Director of Reimbursement may apply additional consideration in circumstances involving multiple Rx or lab tests.

** Patients eligible for Medicare Part D are not eligible for Rx discount.

***For each additional family member, add \$4,420 to the base number.

All patients must pay the indicated rates.

In individual cases where the patient indicates a special hardship in paying, their completed application and documentation should be referred to the Director of Reimbursement or his designee.