

Psychiatry Financial Assistance Programs Sliding Scale Fee Chart 2025

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	\$125.00	\$140.00	\$155.00	\$170.00	\$185.00
Rx & Lab Fee per Rx or Test **	Eligible *	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	Full	Full	Full	Full	Full
Poverty Percent		100%	125%	150%	175%	200%	214%	228%	243%	257%	272%	286%	300%	325%	350%	375%	400%
Family Size	0	15,651	19,564	23,476	27,389	31,301	33,492	35,683	38,031	40,222	42,569	44,760	46,951	50,864	54,776	58,689	62,601
1	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	15,650	19,563	23,475	27,388	31,300	33,491	35,682	38,030	40,221	42,568	44,759	46,950	50,863	54,775	58,688	62,600	
	0	21,151	26,439	31,726	37,014	42,301	45,262	48,223	51,396	54,357	57,529	60,490	63,451	68,739	74,026	79,314	84,601
2	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	21,150	26,438	31,725	37,013	42,300	45,261	48,222	51,395	54,356	57,528	60,489	63,450	68,738	74,025	79,313	84,600	
	0	26,651	33,314	39,976	46,639	53,301	57,032	60,763	64,761	68,492	72,489	76,220	79,951	86,614	93,276	99,939	106,601
3	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	26,650	33,313	39,975	46,638	53,300	57,031	60,762	64,760	68,491	72,488	76,219	79,950	86,613	93,275	99,938	106,600	
	0	32,151	40,189	48,226	56,264	64,301	68,802	73,303	78,126	82,627	87,449	91,950	96,451	104,489	112,526	120,564	128,601
4	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	32,150	40,188	48,225	56,263	64,300	68,801	73,302	78,125	82,626	87,448	91,949	96,450	104,488	112,525	120,563	128,600	
	0	37,651	47,064	56,476	65,889	75,301	80,572	85,843	91,491	96,762	102,409	107,680	112,951	122,364	131,776	141,189	150,601
5	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	37,650	47,063	56,475	65,888	75,300	80,571	85,842	91,490	96,761	102,408	107,679	112,950	122,363	131,775	141,188	150,600	
	0	43,151	53,939	64,726	75,514	86,301	92,342	98,383	104,856	110,897	117,369	123,410	129,451	140,239	151,026	161,814	172,601
6	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	43,150	53,938	64,725	75,513	86,300	92,341	98,382	104,855	110,896	117,368	123,409	129,450	140,238	151,025	161,813	172,600	
	0	48,651	60,814	72,976	85,139	97,301	104,112	110,923	118,221	125,032	132,329	139,140	145,951	158,114	170,276	182,439	194,601
7	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	48,650	60,813	72,975	85,138	97,300	104,111	110,922	118,220	125,031	132,328	139,139	145,950	158,113	170,275	182,438	194,600	
	0	54,151	67,689	81,226	94,764	108,301	115,882	123,463	131,586	139,167	147,289	154,870	162,451	175,989	189,526	203,064	216,601
8 ***	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	up
	54,150	67,688	81,225	94,763	108,300	115,881	123,462	131,585	139,166	147,288	154,869	162,450	175,988	189,525	203,063	216,600	

*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 \$5,500 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.

Dollars Per Year for Table

