

Discount & Fee Schedule

Effective March 1, 2023

Discount Rates are based on Federal Poverty Guidelines (Income is Gross Family Income)

| Family Size | <100% of FPG | <150% of FPG | <200% of FPG | >200% of FPG |
|-------------|--------------|---------------------|----------------------|---|
| | 80% | 60% | 40% | <i>Full Fee may qualify for discount after mtg with CFS</i> |
| 1 | \$14,580 | \$14,581 - \$21,870 | \$21,871 - \$29,160 | >\$29,160 |
| 2 | \$19,720 | \$19,721 - \$29,580 | \$29,581 - \$39,440 | >\$39,440 |
| 3 | \$24,860 | \$24,861 - \$37,290 | \$37,291 - \$49,720 | >\$49,720 |
| 4 | \$30,000 | \$30,001 - \$45,000 | \$45,001 - \$60,000 | >\$60,000 |
| 5 | \$35,140 | \$35,141 - \$52,710 | \$52,711 - \$70,280 | >\$70,280 |
| 6 | \$40,280 | \$40,281 - \$60,420 | \$60,421 - \$80,560 | >\$80,560 |
| 7 | \$45,420 | \$45,421 - \$68,130 | \$68,131 - \$90,840 | >\$90,840 |
| 8 | \$50,560 | \$50,561 - \$75,840 | \$75,841 - \$101,120 | >\$101,120 |

For each additional family member add \$5,140

Psychiatric Services (MD & DO)

| Event | Svc | 80% | 60% | 40% | Full Fee | Medicare Co-Ins |
|--------------------------|-------|---------|---------|----------|--------------|--------------------------|
| MD Psych Evaluation | 90792 | \$46.40 | \$92.80 | \$139.20 | \$232 | MD \$50.02 NP \$45.86 |
| MD Office Visit- Level 3 | 99213 | \$16 | \$32 | \$48 | \$80 | MD\$29.73 NP\$28.25 |

Therapy (Non HSP)

| Event | Svc | 80% | 60% | 40% | Full Fee | Medicare Co-Ins |
|-------------------------|-------|---------|---------|---------|--------------|-----------------|
| Initial Evaluation | 90791 | \$31.20 | \$62.40 | \$93.60 | \$156 | \$41.41 |
| Individual 38 to 52 min | 90834 | \$23.20 | \$46.40 | \$69.60 | \$116 | \$35.09 |
| Family w/patient | 90847 | \$23.20 | \$46.40 | \$69.60 | \$116 | \$37.79 |
| Group | 90853 | \$8.80 | \$17.60 | \$26.40 | \$44 | \$17.11 |

Psychology Services (licensed HSP)

| Event | Svc | 80% | 60% | 40% | Full Fee | Medicare Co-Ins |
|-------------------------|-------|---------|---------|---------|--------------|-----------------|
| Initial Evaluation | 90791 | \$40 | \$80 | \$120 | \$200 | \$47.12 |
| Individual 38 to 52 min | 90834 | \$31.20 | \$62.40 | \$93.60 | \$156 | \$38.69 |
| Family w/patient | 90847 | \$31.20 | \$62.40 | \$93.60 | \$156 | \$42.29 |
| Group | 90853 | \$8.80 | \$17.60 | \$26.40 | \$44 | \$18.30 |

*Fees for psych testing are dependent upon the test administered and the amount of staff time.

CD&A (Adults & Adolescents)

| Event | 80% | 60% | 40% | Full Fee |
|--|---------|---------|---------|--------------|
| IOP* | \$22 | \$42 | \$64 | \$176 |
| Relapse Prevention | \$8.80 | \$17.60 | \$26.40 | \$44 |
| Initial Evaluation | \$31.20 | \$62.40 | \$93.60 | \$156 |
| Recovery Center Assessment \$50.00 and not billed to any insurance ~ Methadone \$16 a day | | | | |

* Medicare, Tricare and Veterans Choice DO NOT cover IOP- Must sign ABN

Declaration of Income must be completed in order to qualify for a discount. Full fee clients may qualify for a need based discount after meeting with Client Financial Services.

Revised: 10-06-2011 01/20/2012 05/16/12 01/03/2013 02/11/2013 02/20/2014 01/26/2015 09/25/2015 10/01/2015 02/15/2016 06/23/16 03/20/2017 02/12/19 01/30/20 01/26/21, 2/10/23