

Discount & Fee Schedule

Effective March 1, 2020

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

<100% of FPG <150% of FPG <200% of FPG >200% of FPG

Family Size	80%	60%	40%	<i>Full Fee may qualify for discount after mtg with CFS</i>
1	\$12,760	\$12,761 - \$19,140	\$19,141 - \$25,520	>\$25,520
2	\$17,240	\$17,241 - \$25,860	\$25,861 - \$34,480	>\$34,480
3	\$21,720	\$21,721 - \$32,580	\$32,581 - \$43,440	>\$43,440
4	\$26,200	\$26,201 - \$39,300	\$39,301 - \$52,400	>\$52,400
5	\$30,680	\$30,681 - \$46,020	\$46,021 - \$61,360	>\$61,360
6	\$35,160	\$35,161 - \$52,740	\$52,741 - \$70,320	>\$70,320
7	\$39,640	\$39,641 - \$59,460	\$59,461 - \$79,280	>\$79,280
8	\$44,120	\$44,121 - \$66,180	\$66,181 - \$88,240	>\$88,240

For each additional family member add \$4,480

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 \$47.56 NP \$43.40
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
Aftercare**	\$15	\$15	\$15	\$15
Initial Evaluation***	\$31.20	\$62.40	\$93.60	\$156
Drug Screens – Hours: Mon-Fri 9am-3pm				
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

*****Aftercare is a flat fee and not billed to any insurance
Department of Children Services (DCS) are not charged for the Initial Evaluation when referral is in place***

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