Discount & Fee Schedule

Effective March 1, 2026

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

Family Size	≤100%	101-150%	151-200%	***>200% Full Fee** may qualify for discount after mtg with CFS*
1	$15,960	$15,961 - $23,940	$23,941 - $31,920	***>$31,920***
2	$21,640	$21,641 - $32,460	$32,461 - $43,280	***>$43,280***
3	$27,320	$27,321 - $40,980	$40,981 - $54,640	***>$54,640***
4	$33,000	$33,001 - $49,500	$49,501 - $66,000	***>$66,000***
5	$38,680	$38,681 - $58,020	$58,021 - $77,360	***>$77,360***
6	$44,360	$44,361 - $66,540	$66,541 - $88,720	***>$88,720***
7	$50,040	$50,041 - $75,060	$75,061 - $100,080	***>$100,080***
8	$55,720	$55,721 - $83,580	$83,581 - $111,440	***>$111,440***

For each additional family member add $5,680

Psychiatric Services (MD,DO, &NP)	≤ 100%	101-150%	151-200%
MD Psych Evaluation	$45.00	$90.00	$140.00
MD Office Visit	$16.00	$32.00	$48.00

***Therapy* Services**	≤ 100%	101-150%	151-200%
Initial Evaluation	$30.00	$60.00	$90.00
Individual Therapy	$20.00	$40.00	$60.00
Family Therapy	$20.00	$40.00	$60.00
Group	$8.00	$16.00	$24.00

***Testing* Services**	≤100%	101-150%	151-200%
Psychological Testing **per hour**	$40	$80	$120
Psychological Testing Admin **per 30 min**	$13.00	$26.00	$40.00

Substance Use Services	≤ 100%	101-150%	151-200%
IOP	$20.00	$40.00	$60.00
Relapse Prevention	$9.00	$18.00	$27.00
Initial Evaluation	$30.00	60.00	$90.00

Inpatient	≤ 100%	101-150%	151-200%
Room $ Board **per day**	$240.00	$480.00	$720.00

Lab Tests	< 100%	101-150%	151-200%
Per Test/Screening	$4.00	$6.00	$8.00

Other Services Not Listed	≤ 100%	101-150%	151-200%
Per Service	$10.00	$30.00	$40.00

*If the gross rate is less than the charge listed on this table, the client will be charged the lower amount.

Summary 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.