



# Sliding Fee Scale Application

It is the policy of Healthy Connections to provide essential services regardless of the patient's ability to pay. Healthy Connections offers discounts based on family size and annual income. Please complete the following information and return to the clerk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Please list all household members, **including yourself** and those under age 18.

Name	Date of Birth

Please enter your household's yearly income below.

	Self	Other Household Members
<b>Gross wages, salaries, tips, etc.</b>		
<b>Income from business and self-employment</b>		
<b>Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income</b>		
<b>Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources</b>		
<b>Total Income</b>		

By signing below, I certify that the family size and income information shown above is correct.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



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## Office Use Only

Client Name: \_\_\_\_\_

Client DOB: \_\_\_\_\_

- Verified Identification/Address (state license, utility bill, employment identification, or other)
- Verified Income (Prior year tax return, three most recent pay stubs, self declaration, or other)

Approved Discount Cash Rates:

Intake & Assessment	Treatment Planning	Individual Therapy (per 15 min)	Group Therapy (60 min)	Peer Recovery Coaching (per 15 min)

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Family Size							
Discount		100%	A=80%	B=60%	C=40%	D=20%	E=0%
1	YEAR	\$ 29,160	\$ 32,805	\$ 36,450	\$ 40,095	\$ 43,740	
	MONTH	\$ 2,430	\$ 2,734	\$ 3,038	\$ 3,341	\$ 3,645	
	WEEK	\$ 560.77	\$ 630.87	\$ 700.96	\$ 771.06	\$ 841.15	
2	YEAR	\$ 39,440	\$ 44,370	\$ 49,300	\$ 54,230	\$ 59,160	
	MONTH	\$ 3,287	\$ 3,698	\$ 4,108	\$ 4,519	\$ 4,930	
	WEEK	\$ 758.46	\$ 853.27	\$ 948.08	\$ 1,042.88	\$ 1,137.69	
3	YEAR	\$ 49,720	\$ 55,935	\$ 62,150	\$ 68,365	\$ 74,580	
	MONTH	\$ 4,143	\$ 4,661	\$ 5,179	\$ 5,697	\$ 6,215	
	WEEK	\$ 956.15	\$ 1,075.67	\$ 1,195.19	\$ 1,314.71	\$ 1,434.23	
4	YEAR	\$ 60,000	\$ 67,500	\$ 75,000	\$ 82,500	\$ 90,000	
	MONTH	\$ 5,000	\$ 5,625	\$ 6,250	\$ 6,875	\$ 7,500	
	WEEK	\$ 1,153.85	\$ 1,298.08	\$ 1,442.31	\$ 1,586.54	\$ 1,730.77	
5	YEAR	\$ 70,280	\$ 79,065	\$ 87,850	\$ 96,635	\$ 105,420	
	MONTH	\$ 5,857	\$ 6,589	\$ 7,321	\$ 8,053	\$ 8,785	
	WEEK	\$ 1,351.54	\$ 1,520.48	\$ 1,689.42	\$ 1,858.37	\$ 2,027.31	
6	YEAR	\$ 80,560	\$ 90,630	\$ 100,700	\$ 110,770	\$ 120,840	
	MONTH	\$ 6,713	\$ 7,553	\$ 8,392	\$ 9,231	\$ 10,070	
	WEEK	\$ 1,549.23	\$ 1,742.88	\$ 1,936.54	\$ 2,130.19	\$ 2,323.85	
7	YEAR	\$ 90,840	\$ 102,195	\$ 113,550	\$ 124,905	\$ 136,260	
	MONTH	\$ 7,570	\$ 8,516	\$ 9,463	\$ 10,409	\$ 11,355	
	WEEK	\$ 1,746.92	\$ 1,965.29	\$ 2,183.65	\$ 2,402.02	\$ 2,620.38	
8	YEAR	\$ 101,120	\$ 113,760	\$ 126,400	\$ 139,040	\$ 151,680	
	MONTH	\$ 8,427	\$ 9,480	\$ 10,533	\$ 11,587	\$ 12,640	
	WEEK	\$ 1,944.62	\$ 2,187.69	\$ 2,430.77	\$ 2,673.85	\$ 2,916.92	
Intake Assessment		NC	\$ 50.00	\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00
Treatment Planning		NC	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00
Individual Counseling - 15 Min		NC	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00
Individual Counseling - 30 Min		NC	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00
Individual Counseling - 45 Min		NC	\$ 15.00	\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00
Individual Counseling - 60 Min		NC	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00
Group Counseling - 60 Min		NC	\$ 6.00	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00
Peer Support - 15 Min		NC	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00	\$ 12.50
Peer Support - 30 Min		NC	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00
Peer Support - 45 Min		NC	\$ 7.50	\$ 15.00	\$ 22.50	\$ 30.00	\$ 37.50
Peer Support - 60 Min		NC	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00
Effective 11/01/2023			\$ -	\$ -	\$ -	\$ -	