

Discount & Fee Schedule

Effective March 1, 2021

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	\$12,880	\$12,881 - \$19,320	\$19,321 - \$25,760	>\$25,760
2	\$17,420	\$17,421 - \$26,130	\$26,131 - \$34,840	>\$34,840
3	\$21,960	\$21,961 - \$32,940	\$32,941 - \$43,920	>\$43,920
4	\$26,500	\$26,501 - \$39,750	\$39,751 - \$53,000	>\$53,000
5	\$31,040	\$31,041 - \$46,560	\$46,561 - \$62,080	>\$62,080
6	\$35,580	\$35,581 - \$53,370	\$53,371 - \$71,160	>\$71,160
7	\$40,120	\$40,121 - \$60,180	\$60,181 - \$80,240	>\$80,240
8	\$44,660	\$44,661 - \$66,990	\$66,991 - \$89,320	>\$89,320

For each additional family member add \$4,540

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

**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

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