



2019-2020 HIGH COUNTRY BEHAVIORAL HEALTH SLIDING FEE SCALE

When a client does not have insurance we use the following steps to calculate hourly rates for group, individual and psychiatric services.

- Step 1: Collect the past two months pay stubs and previous year's tax return (page one of the 1040) and attach to this form.
 Step 2: Deduct \$368 per dependent from monthly gross income (or \$4420 for annual income) prior to computing fee.
 Step 3: Circle the monthly or annual gross income after making the appropriate deductions per dependent.
 Step 4: Circle the hourly rate for Individual/Family/Case Management/Individual Rehab Services/Psychiatric services on the table.

Annual Gross Income	% Poverty	Individual/Family Case Mngt/Assessment per Hour	Group 6+ Hours/week	Group <6 Hours/week	Individual Rehab Services per Hour	Psychiatric Services (per 1/2 hour sessions)
\$6,001-\$12,490	100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$12,491-\$14,840	150%	\$2.00	\$1.00	\$1.00	\$1.00	\$2.00
\$14,841-\$19,260	200%	\$5.00	\$2.50	\$2.00	\$2.50	\$5.00
\$19,261-\$23,680	250%	\$10.00	\$3.75	\$7.50	\$3.75	\$10.00
\$23,681-\$28,100	300%	\$15.00	\$5.00	\$10.00	\$5.00	\$15.00
\$28,101-\$32,520	350%	\$20.00	\$6.25	\$12.50	\$6.25	\$20.00
\$32,521-\$36,940	400%	\$25.00	\$7.50	\$15.00	\$7.50	\$25.00
\$36,941-\$41,360	450%	\$30.00	\$8.75	\$17.50	\$8.75	\$30.00
\$41,361-\$45,780	500%	\$35.00	\$10.00	\$20.00	\$10.00	\$35.00
\$45,781-\$50,200	550%	\$40.00	\$11.25	\$22.50	\$11.25	\$40.00
\$50,201-\$54,620	600%	\$45.00	\$12.50	\$25.00	\$12.50	\$45.00
\$54,621-\$59,040	650%	\$50.00	\$15.00	\$30.00	\$15.00	\$50.00
\$59,041-\$63,460	700%	\$60.00	\$17.50	\$35.00	\$17.50	\$60.00
\$63,461-\$67,880	750%	\$70.00	\$20.00	\$40.00	\$20.00	\$70.00
\$67,881-\$72,300	800%	\$80.00	\$22.50	\$45.00	\$22.50	\$80.00
\$72,301-\$76,720	850%	\$90.00	\$25.00	\$50.00	\$25.00	\$90.00
\$76,721-\$81,140	900%	\$100.00	\$27.50	\$55.00	\$27.50	\$100.00
\$81,141-\$84,760	950%	\$110.00	\$30.00	\$60.00	\$30.00	\$110.00
\$84,761+	1000%	\$120.00	\$32.50	\$65.00	\$32.50	\$120.00

Hourly Rate for Group: \$ _____

Hourly Rate for Individual/Case Mangement/Couples/Family Services: \$ _____

(there is a \$25 NO SHOW FEE when failing to cancel a service 24+ hours prior to the service.)

(there is a \$25 Return Check Fee for any returned checks)

Client Signature Date

Therapist Signature Date

The fee scale above indicates the fees that will be charged for services. High Country Behavioral Health does not discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion, or sexual orientation. No one will be denied access to services due to inability to pay or method of payment. However, services may be denied to clients who refuse to pay according to an agreed upon payment plan. The maximum rate in each category will be charged until proof of HOUSEHOLD INCOME is received and a new fee is agreed upon. Household income will be verified by our business office through the past month's pay stubs and first page of the previous year's tax return (attached to this form.)