

Fee Assistance Based on Income and Family Size*

Effective 7/1/2024-6/30/2025

Directions:

Find your family size in the left column and the box on that row that includes your total annual family income.

The percentage of the fees you will pay are noted at the top of the column.

For example:

A family of 5 with an income of \$75,000 per year will pay 40%.

A family of 2 with an income of \$35,000 per year will pay 20%.

Family Size	Nominal Fee (\$5 outpatient and \$25	Pay 20%	Pay 40%	Pay 70%	Pay 90%	No discount
1	0 to \$22,590	\$22,591 to \$30,120	\$30,121 to \$37,650	\$37,651 to \$45,180	\$45,181 to \$52,710	\$52,711 +
2	0 to \$30,660	\$30,661 to \$40,880	\$40,881 to \$51,100	\$51,101 to \$61,320	\$61,321 to \$71,540	\$71,541 +
3	0 to \$38,730	\$38,731 to \$51,640	\$51,641 to \$64,550	\$64,551 to \$77,460	\$77,461 to \$90,370	\$90,371 +
4	0 to \$46,800	\$46,801 to \$62,400	\$62,401 to \$78,000	\$78,001 to \$93,600	\$93,601 to \$109,200	\$109,201 +
5	0 to \$54,870	\$54,871 to \$73,160	\$73,161 to \$91,450	\$91,451 to \$109,740	\$109,741 to \$128,030	\$128,031 +
6	0 to \$62,940	\$62,941 to \$83,920	\$83,921 to \$104,900	\$104,901 to \$125,880	\$125,881 to \$146,860	\$146,861 +
7	0 to \$71,010	\$71,011 to \$94,680	\$94,681 to \$118,350	\$118,351 to \$142,020	\$142,021 to \$165,690	\$165,691 +
8	0 to \$79,080	\$79,081 to \$105,440	\$105,441 to \$131,800	\$131,801 to \$158,160	\$158,161 to \$184,520	\$184,521 +
9	0 to \$87,150	\$87,151 to \$116,200	\$116,201 to \$145,250	\$145,251 to \$174,300	\$174,301 to \$203,350	\$203,351 +
For each add'l person add:	\$8,070	\$10,760	\$13,450	\$16,140	\$18,830	\$18,830

*Based on 2024 Federal Poverty Guidelines

Estimates for Common Services

Here are some estimates, based on our Standard Fee Schedule (full schedule below), for some of our most common services:

	Nominal Fee	20%	40%	70%	90%	100%
Evaluation with a licensed Social Worker/Therapist	\$5	\$52	\$104	\$182	\$234	\$260
Group therapy with a licensed Social Worker/Therapist	\$5	\$20	\$39	\$69	\$88	\$98
Outpatient visit with an MD/DO/NP, existing patient, level 4	\$5	\$49	\$98	\$172	\$221	\$245

Std Fee Schedule - FY25

Procedure Code	Description	Credential	7/1/2024	Split	
			Standard Fees	Prof Charge	Fac Charge
124	Psychiatric Care, semi-private		\$1,150.00		\$1,150.00
126	Detoxification Care, semi-private		\$1,150.00		\$1,150.00
99221	IP Initial Admit - Level 3	MD/DO/NP	\$105.00	\$105.00	
99222	IP Initial Admit - Level 4	MD/DO/NP	\$149.00	\$149.00	
99223	IP Initial Admit - Level 5	MD/DO/NP	\$220.00	\$220.00	
99231	IP Subseq Rounds - Level 3	MD/DO/NP	\$53.00	\$53.00	
99232	IP Subseq Rounds - Level 4	MD/DO/NP	\$90.00	\$90.00	
99233	IP Subseq Rounds - Level 5	MD/DO/NP	\$125.00	\$125.00	
99238	IP Discharge - Level 1	MD/DO/NP	\$88.00	\$88.00	
99239	IP Discharge - Level 2	MD/DO/NP	\$120.00	\$120.00	
90791	Diagnostic Eval	HSPP	\$290.00	\$180.00	\$110.00
		Lic SW/Ther	\$260.00	\$150.00	\$110.00
90792	Diagnostic Eval with Medical	MD/DO/NP	\$310.00	\$200.00	\$110.00
90832	Individual Therapy - 16 - 37	MD/NP/HSPP	\$170.00	\$83.00	\$87.00
		Lic SW/Ther	\$155.00	\$68.00	\$87.00
90834	Individual Therapy - 38 - 52	MD/NP/HSPP	\$215.00	\$105.00	\$110.00
		Lic SW/Ther	\$195.00	\$85.00	\$110.00
90837	Individual Therapy - 53 - 999	MD/NP/HSPP	\$270.00	\$160.00	\$110.00
		Lic SW/Ther	\$230.00	\$120.00	\$110.00
90846	Family Therapy without Client Present	MD/NP/HSPP	\$240.00	\$115.00	\$125.00
		Lic SW/Ther	\$213.00	\$88.00	\$125.00
90847	Family Therapy with Client Present	MD/NP/HSPP	\$245.00	\$120.00	\$125.00
		Lic SW/Ther	\$217.00	\$92.00	\$125.00
90853	Group Therapy	MD/NP/HSPP	\$105.00	\$38.00	\$67.00
		Lic SW/Ther	\$98.00	\$31.00	\$67.00
96130/96131	Psych Testing Evaluation w/ MD or HSPP	HSPP	\$251.00	\$125.00	\$126.00
96136/96137	Psych Testing w/ MD pr HSPP (30 minutes)	HSPP	\$80.00	\$80.00	
96138/96139	Psych Testing w/ Technician (30 minutes)	midlevel	\$60.00	\$60.00	
99211	Outpatient visit, existing patient - level 1	MD/DO/NP	\$128.00	\$28.00	\$100.00
99212	Outpatient visit, existing patient - level 2	MD/DO/NP	\$165.00	\$65.00	\$100.00
99213	Outpatient visit, existing patient - level 3	MD/DO/NP	\$200.00	\$100.00	\$100.00
99214	Outpatient visit, existing patient - level 4	MD/DO/NP	\$245.00	\$135.00	\$110.00
99215	Outpatient visit, existing patient - level 5	MD/DO/NP	\$325.00	\$185.00	\$140.00
99307	Nursing Home E/M Psych Visit Est - Level 1	MD/DO/NP	\$47.00	\$47.00	
99308	Nursing Home E/M Psych Visit Est - Level 2	MD/DO/NP	\$80.00	\$80.00	
99309	Nursing Home E/M Psych Visit Est - Level 3	MD/DO/NP	\$115.00	\$115.00	
99310	Nursing Home E/M Psych Visit Est - Level 4	MD/DO/NP	\$155.00	\$155.00	
10539.1565	DCS Group		\$39.26	\$39.26	
DCSMEDEVAL	DCS Medical Evaluation		\$159.53	\$159.53	
DCSINTASMTC	DCS Intake		\$136.05	\$136.05	
DCSCSI	DCS Individual therapy		\$86.11	\$86.11	
DCSCSFP	DCS Family therapy client present		\$86.11	\$86.11	
DCSCSFA	DCS Family therapy client absent		\$86.11	\$86.11	
HBC-F2F	DCS Home based casework face to face		\$99.95	\$99.95	
HBT-F2F	DCS Home based therapy face to face		\$112.16	\$112.16	
10811.1565	DCS Domestic Violence group		\$23.10	\$23.10	
H2011	Crisis Intervention, per 15 minutes		\$50.00	\$50.00	
H0038	Peer Recovery Services, per 15 minutes		\$14.00	\$14.00	
H2014	Skills Training		\$28.00	\$28.00	
H2014 U1	Skills Training-group		\$5.00	\$5.00	
T1016	Case Management		\$18.00	\$18.00	
H0034	Medication training and support		\$20.00	\$20.00	
H0034 U1	Medication training and support-group		\$5.00	\$5.00	
H2017	Psychosocial rehabilitation (clubhouse)		\$8.00	\$8.00	
T2022	Wraparound Facilitation		\$1,074.69	\$1,074.69	
OAAAADVP	Amish Advocate Fee-PH & HOH		\$20.00	\$20.00	
OAAAADRH	Amish Advocate Fee-RH		\$89.00	\$89.00	