

Comprehensive Mental Health Services, Inc.
Sliding Fee Category Determination Chart

Sliding Fee Category	A		B		C		Full Fee
	0 - 100% of FPL		101 - 200% of FPL		201 - 300% of FPL		201% of FPL & Over
Family Size	Monthly Income	Yearly Income	Monthly Income	Yearly Income	Monthly Income	Yearly Income	Note: Monthly & Yearly Incomes that are above the limits in Slide Category C are ineligible for the sliding fee scale program and are charged the full amount of the Standard Fees
1	\$0 - \$1,005	\$0 - \$12,060	\$1,006 - \$2,010	\$12,061 - \$24,120	\$2,011 - \$3,015	\$24,121 - \$36,180	
2	\$0 - \$1,353	\$0 - \$16,240	\$1,354 - \$2,707	\$16,241 - \$32,480	\$2,708 - \$4,060	\$32,481 - \$48,720	
3	\$0 - \$1,702	\$0 - \$20,420	\$1,703 - \$3,403	\$20,421 - \$40,840	\$3,404 - \$5,105	\$40,841 - \$61,260	
4	\$0 - \$2,050	\$0 - \$24,600	\$2,051 - \$4,100	\$24,601 - \$49,200	\$4,101 - \$6,150	\$49,201 - \$73,800	
5	\$0 - \$2,398	\$0 - \$28,780	\$2,399 - \$4,797	\$28,781 - \$57,560	\$4,798 - \$7,195	\$57,561 - \$86,340	
6	\$0 - \$2,747	\$0 - \$32,960	\$2,748 - \$5,493	\$32,961 - \$65,920	\$5,494 - \$8,240	\$65,921 - \$98,880	
7	\$0 - \$3,095	\$0 - \$37,140	\$3,096 - \$6,190	\$37,141 - \$74,280	\$6,191 - \$9,285	\$74,281 - \$111,420	
8	\$0 - \$3,443	\$0 - \$41,320	\$3,444 - \$6,887	\$41,321 - \$82,640	\$6,888 - \$10,330	\$82,641 - \$123,960	

Service Provided	A	B	C
Evaluation	\$0	\$25	\$50
Individual Therapy	\$0	\$25	\$50
Group Therapy	\$0	\$15	\$25
Psychiatric Evaluation	\$0	\$75	\$125
Psychiatric Follow-up Visit	\$0	\$40	\$50

Full Fee	Same Day Discount
\$84	\$70
\$84	\$70
\$36	\$30
\$300	\$175
\$75	\$60

Note: Update yellow yearly income column with FPL and rest of columns will calculate.

Based on Federal Poverly Level (FPL) 2017