

PROMISE HEALTHCARE
MENTAL HEALTH SLIDING FEE SCALE 2018

# Persons in Household	Household Income	Scale A		Scale B		Scale C		Scale D		100% Full Pay
		Nominal Fee*	\$4 Fee	\$5 LCSW/LPC visit	\$7 Psychiatrist visit	\$8 LCSW/LPC visit	\$10 Psychiatrist visit	\$10 LCSW/LPC visit	\$15 Psychiatrist visit	
1	Annual	0 -	12,140	12,141 -	18,210	18,211 -	21,245	21,246 -	24,280	24,281 +
	per month	0 -	1,012	1,013 -	1,517	1,518 -	1,770	1,772 -	2,023	2,024 +
	per week	0 -	233	234 -	349	350 -	407	408 -	466	467 +
2	Annual	0 -	16,460	16,461 -	24,690	24,691 -	28,805	28,806 -	32,920	32,921 +
	per month	0 -	1,372	1,373 -	2,057	2,058 -	2,400	2,402 -	2,743	2,744 +
	per week	0 -	316	317 -	474	475 -	552	553 -	631	632 +
3	Annual	0 -	20,780	20,781 -	31,170	31,171 -	36,365	36,366 -	41,560	41,561 +
	per month	0 -	1,731	1,732 -	2,597	2,598 -	3,030	3,032 -	3,463	3,464 +
	per week	0 -	399	400 -	598	599 -	697	698 -	797	798 +
4	Annual	0 -	25,100	25,101 -	37,650	37,651 -	43,925	43,926 -	50,200	50,201 +
	per month	0 -	2,092	2,093 -	3,138	3,139 -	3,660	3,662 -	4,183	4,184 +
	per week	0 -	481	482 -	722	723 -	842	843 -	963	964 +
5	Annual	0 -	29,420	29,421 -	44,130	44,131 -	51,485	51,486 -	58,840	58,841 +
	per month	0 -	2,452	2,453 -	3,677	3,678 -	4,290	4,292 -	4,903	4,904 +
	per week	0 -	564	565 -	846	847 -	987	988 -	1,128	1,129 +
6	Annual	0 -	33,740	33,741 -	50,610	50,611 -	59,045	59,046 -	67,480	67,481 +
	per month	0 -	2,811	2,812 -	4,218	4,218 -	4,920	4,922 -	5,623	5,624 +
	per week	0 -	647	648 -	971	972 -	1,132	1,133 -	1,294	1,295 +
7	Annual	0 -	38,060	38,061 -	57,090	57,091 -	66,605	66,606 -	76,120	76,121 +
	per month	0 -	3,172	3,173 -	4,757	4,758 -	5,550	5,551 -	6,343	6,344 +
	per week	0 -	730	731 -	1,095	1,096 -	1,277	1,278 -	1,460	1,461 +
8	Annual	0 -	42,380	42,381 -	63,570	63,571 -	74,165	74,166 -	84,760	84,761 +
	per month	0 -	3,532	3,533 -	5,298	5,298 -	6,180	6,182 -	7,063	7,064 +
	per week	0 -	813	814 -	1,219	1,220 -	1,422	1,423 -	1,626	1,627 +

For each additional household member add
4,320.00 to annual income.
360.00 to monthly income.
83.08 to weekly income.

Sliding fee scale based upon total gross household income and the number of persons residing in the household.

Effective : 3/1/18