

**PROMISE HEALTHCARE**  
**MENTAL HEALTH SLIDING FEE SCALE 2019**

# Persons in Household	Household Income	Scale A		Scale B		Scale C		Scale D		100% Full Pay
		Nominal Fee* LCSW/LPC visit \$5 Psychiatrist visit	\$4 Fee	\$5 LCSW/LPC visit \$7 Psychiatrist visit	Fee	\$8 LCSW/LPC visit \$10 Psychiatrist visit	Fee	\$10 LCSW/LPC visit \$15 Psychiatrist visit	Fee	
1	Annual	0 -	12,490	12,491 -	18,735	18,736 -	21,858	21,859 -	24,980	24,981 +
	per month	0 -	1,041	1,042 -	1,561	1,561 -	1,821	1,823 -	2,082	2,083 +
	per week	0 -	240	241 -	359	360 -	419	420 -	479	480 +
2	Annual	0 -	16,910	16,911 -	25,365	25,366 -	29,593	29,594 -	33,820	33,821 +
	per month	0 -	1,409	1,410 -	2,113	2,114 -	2,466	2,467 -	2,818	2,819 +
	per week	0 -	324	325 -	486	487 -	568	569 -	649	650 +
3	Annual	0 -	21,330	21,331 -	31,995	31,996 -	37,328	37,329 -	42,660	42,661 +
	per month	0 -	1,777	1,778 -	2,666	2,666 -	3,111	3,112 -	3,555	3,556 +
	per week	0 -	409	410 -	614	615 -	716	717 -	818	819 +
4	Annual	0 -	25,750	25,751 -	38,625	38,626 -	45,063	45,064 -	51,500	51,501 +
	per month	0 -	2,146	2,147 -	3,219	3,220 -	3,755	3,756 -	4,292	4,293 +
	per week	0 -	494	495 -	741	742 -	864	865 -	988	989 +
5	Annual	0 -	30,170	30,171 -	45,255	45,256 -	52,798	52,799 -	60,340	60,341 +
	per month	0 -	2,514	2,515 -	3,771	3,771 -	4,400	4,401 -	5,028	5,029 +
	per week	0 -	579	580 -	868	869 -	1,013	1,014 -	1,157	1,158 +
6	Annual	0 -	34,590	34,591 -	51,885	51,886 -	60,533	60,534 -	69,180	69,181 +
	per month	0 -	2,882	2,883 -	4,324	4,324 -	5,044	5,045 -	5,765	5,766 +
	per week	0 -	663	664 -	995	996 -	1,161	1,162 -	1,327	1,328 +
7	Annual	0 -	39,010	39,011 -	58,515	58,516 -	68,268	68,269 -	78,020	78,021 +
	per month	0 -	3,251	3,252 -	4,876	4,876 -	5,689	5,689 -	6,502	6,503 +
	per week	0 -	748	749 -	1,122	1,123 -	1,309	1,310 -	1,496	1,497 +
8	Annual	0 -	43,430	43,431 -	65,145	65,146 -	76,003	76,004 -	86,860	86,861 +
	per month	0 -	3,619	3,620 -	5,429	5,429 -	6,334	6,335 -	7,238	7,239 +
	per week	0 -	833	834 -	1,249	1,250 -	1,458	1,459 -	1,666	1,667 +

For each additional household member add  
4,420.00 to annual income.  
368.33 to monthly income.  
85.00 to weekly income.

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

Effective : 3/1/19