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Household Size	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
	up to 100%	up to 133%	up to 138%	up to 150%	up to 200%	
	income under	income under	income under	income under	income over	
1	\$14,580	\$24,219	\$25,130	\$27,315	≥36,420	If you do not share your income information
2	\$19,720	\$32,771	\$34,003	\$36,960	≥49,280	
3	\$24,860	\$41,323	\$42,877	\$46,605	≥62,140	
4	\$30,000	\$49,875	\$51,750	\$56,250	≥75,000	
5	\$35,140	\$58,427	\$60,623	\$65,895	≥87,860	
6	\$40,280	\$66,979	\$69,497	\$75,540	≥100,720	
7	\$45,420	\$75,531	\$78,370	\$85,185	≥113,580	
8	\$50,560	\$84,083	\$87,244	\$94,830	≥126,440	
Discount:	Fees waived	20% Pay	40% Pay	60% Pay	80% Pay	100%
For families/households with more than 8 persons, add \$5,140 for each additional person.						

*** 2023 Federal Poverty Guidelines (Eff 1.19.23) ***

<u>Code</u>	<u>Service</u>	<u>Time</u>	<u>Average Amt</u>	<u>One time fee</u>	<u>Plan Amt</u>	<u>Monthly</u>
90791	Assessment	60 min	\$111.11	\$111.11	Plan A	\$0.00
99204	MedSom-New	45-59 min	\$145.00	\$100.00	Plan B	\$89.76
					Plan C	\$179.53
<u>Code</u>	<u>Service</u>	<u>Time</u>	<u>Average Amt</u>	<u>Monthly Fee</u>	Plan D	\$269.29
90834	Therapy (x4)	38-52 min	\$78.82	\$315.28	Plan E	\$359.06
H0036	CPST (x1)	23-37 min	\$39.08	\$39.08	Plan F	\$448.82
99214	MedSom (x1)	30-39 min	\$94.46	\$94.46		
				<u>\$212.36</u>	<u>\$448.82</u>	

At **PATH Behavioral Healthcare**, we value ALL clients and employees as unique individuals.

PATH Behavioral Healthcare will not discriminate in the provision of health care services to an individual:

1. Because the individual is unable to pay for the health care services;
2. Because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or
3. Based upon the individual's race, color, sex, age, national origin, disability, religion, gender identity or sexual orientation.

No one will be denied access to services due to inability to pay. This discounted/sliding fee schedule is available based on family size & income.