

Wellbeing Institute Sliding Scale Fee Process 2024

- At Wellbeing Institute, no one will be denied access to services due to inability to pay;
- Below is a discounted/sliding fee schedule available based on family size and income.

Sliding Scale Fee services are only available to members that have no health insurance at all and are not eligible for any state entitlements (i.e., not SMI, not SABG/MHBG, not SED).

1. Assess client’s household size and income based upon Sliding Scale Percentage of Fees. (see below)
2. Complete Financial Investigation and calculate client’s monthly gross household income and household size.
3. At time of service, front desk staff will collect the percentage of fees, based upon the Estimated Fees to be Collected at the time-of-Service scale below:

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0 percent discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,060	\$16,566	\$18,072	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$28,614	\$30,120	>\$30,120
2	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880	>\$40,880
3	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640	>\$51,640
4	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400	>\$62,400
5	\$36,580	\$40,238	\$43,896	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160	>\$73,160
6	\$41,960	\$46,156	\$50,352	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$79,724	\$83,920	>\$83,920
7	\$47,340	\$52,074	\$56,808	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$89,946	\$94,680	>\$94,680
8	\$52,720	\$57,992	\$63,264	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440	>\$105,440
For each additional person, add	\$5,380	\$5,918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$10,222	\$10,760	>\$10,760

ESTIMATED FEES TO BE COLLECTED AT TIME OF SERVICE

Service in Scheduling Calendar	Rate	100%	75%	50%	25%
New or Updated Psychiatric Evaluation	\$400	\$400.00	\$300.00	\$200.00	\$100.00
Medication and/or Therapy Follow-Up Services, Paperwork Service	\$200	\$200.00	\$150.00	\$100.00	\$50.00
Intensive Outpatient Services (IOP)	\$300	\$300.00	\$225.00	\$150.00	\$75.00
Spravato and Special Procedural Follow-Up Service	\$300	\$300.00	\$225.00	\$150	\$75.00
Point of Care (POC) UDS, IM Injection	\$25	\$25.00	\$18.75	\$12.50	\$6.25