

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

Poverty Level *	At or Below 100%	At 110% or Above	At 120% or Above	At 130% or Above	At 140% or Above	At 150% or Above	At 160% or Above	At 170% or Above	At 180% or Above	At 190% or Above	At 200% or Above	Above 200%
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
Discount Percentage												
<b>Family Size</b>												
<b>1</b>	\$ 12,490.00	\$ 13,739.00	\$ 14,988.00	\$ 16,237.00	\$ 17,486.00	\$ 18,735.00	\$ 19,984.00	\$ 21,233.00	\$ 22,482.00	\$ 23,731.00	\$ 24,980.00	24,981 +
<b>2</b>	\$ 16,910.00	\$ 18,601.00	\$ 20,292.00	\$ 21,983.00	\$ 23,674.00	\$ 25,365.00	\$ 27,056.00	\$ 28,747.00	\$ 30,438.00	\$ 32,129.00	\$ 33,820.00	33,821 +
<b>3</b>	\$ 21,330.00	\$ 23,463.00	\$ 25,596.00	\$ 27,729.00	\$ 29,862.00	\$ 31,995.00	\$ 34,128.00	\$ 36,261.00	\$ 38,394.00	\$ 40,527.00	\$ 42,660.00	42,661 +
<b>4</b>	\$ 25,750.00	\$ 28,325.00	\$ 30,900.00	\$ 33,475.00	\$ 36,050.00	\$ 38,625.00	\$ 41,200.00	\$ 43,775.00	\$ 46,350.00	\$ 48,925.00	\$ 51,500.00	51,501 +
<b>5</b>	\$ 30,170.00	\$ 33,187.00	\$ 36,204.00	\$ 39,221.00	\$ 42,238.00	\$ 45,255.00	\$ 48,272.00	\$ 51,289.00	\$ 54,306.00	\$ 57,323.00	\$ 60,340.00	60,341 +
<b>6</b>	\$ 34,590.00	\$ 38,049.00	\$ 41,508.00	\$ 44,967.00	\$ 48,426.00	\$ 51,885.00	\$ 55,344.00	\$ 58,803.00	\$ 62,262.00	\$ 65,721.00	\$ 69,180.00	69,181 +
<b>7</b>	\$ 39,010.00	\$ 42,911.00	\$ 46,812.00	\$ 50,713.00	\$ 54,614.00	\$ 58,515.00	\$ 62,416.00	\$ 66,317.00	\$ 70,217.00	\$ 74,119.00	\$ 78,020.00	78,021 +
<b>8</b>	\$ 43,430.00	\$ 47,773.00	\$ 52,116.00	\$ 56,459.00	\$ 60,802.00	\$ 65,145.00	\$ 69,488.00	\$ 73,831.00	\$ 78,174.00	\$ 82,517.00	\$ 86,860.00	86,861 +
<b>For each additional person, add</b>	\$ 4,420.00	\$ 4,862.00	\$ 5,304.00	\$ 5,746.00	\$ 6,188.00	\$ 6,630.00	\$ 7,072.00	\$ 7,514.00	\$ 7,956.00	\$ 8,398.00	\$ 8,840.00	8,400 +

**MEDICAID CLIENTS RECEIVE 100% DISCOUNT ON ALL SPONSERED SERVICES.**

\*Based on 2021 Federal Poverty Guidelines

### Fee Schedule Based on Client Discount Percentage

Discount %	Injection	Group Therapy	Intake	Therapy	Psychiatrist per 1/4 Hour
100	\$ -	\$ -	\$ -	\$ -	\$ -
90	\$ 2.31	\$ 2.51	\$ 12.85	\$ 12.47	\$ 5.20
80	\$ 4.62	\$ 5.01	\$ 25.71	\$ 24.95	\$ 10.40
70	\$ 6.93	\$ 7.52	\$ 38.56	\$ 37.42	\$ 15.60
60	\$ 9.25	\$ 10.02	\$ 51.42	\$ 49.89	\$ 20.80
50	\$ 11.60	\$ 12.53	\$ 64.27	\$ 62.37	\$ 26.00
40	\$ 13.87	\$ 15.03	\$ 77.12	\$ 74.84	\$ 31.20
30	\$ 16.18	\$ 17.54	\$ 89.98	\$ 87.31	\$ 36.40
20	\$ 18.50	\$ 20.04	\$ 102.83	\$ 99.78	\$ 41.60
0	\$ 23.12	\$ 25.05	\$ 128.54	\$ 124.73	\$ 52.00