



Bear's Ears Child & Family Therapy
Hearing & Healing

Sliding Fee Scale

| Number in Household and Total Household Income | | | | | | | | Rate for Diagnostic Evaluation Per Hour | Individual Therapy | Group Therapy | Case Management |
|--|-------------|-------------|-------------|--------------|--------------|--------------|--------------|---|--------------------|---------------|-----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| \$18,210.00 | \$24,690.00 | \$31,170.00 | \$37,650.00 | \$44,130.00 | \$50,610.00 | \$57,090.00 | \$63,570.00 | \$60.00 | \$30.00 | \$10.00 | \$10.00 |
| \$28,210.00 | \$34,690.00 | \$41,170.00 | \$47,650.00 | \$54,130.00 | \$60,610.00 | \$67,090.00 | \$73,570.00 | \$80.00 | \$40.00 | \$15.00 | \$15.00 |
| \$38,210.00 | \$44,690.00 | \$51,170.00 | \$57,650.00 | \$64,130.00 | \$70,610.00 | \$77,090.00 | \$83,570.00 | \$110.00 | \$55.00 | \$20.00 | \$20.00 |
| \$48,210.00 | \$54,690.00 | \$61,170.00 | \$67,650.00 | \$74,130.00 | \$80,610.00 | \$87,090.00 | \$93,570.00 | \$140.00 | \$70.00 | \$27.00 | \$25.00 |
| \$58,210.00 | \$64,690.00 | \$71,170.00 | \$77,650.00 | \$84,130.00 | \$90,610.00 | \$97,090.00 | \$103,570.00 | \$170.00 | \$85.00 | \$35.00 | \$30.00 |
| \$68,210.00 | \$74,690.00 | \$81,170.00 | \$87,650.00 | \$94,130.00 | \$100,610.00 | \$107,090.00 | \$113,570.00 | \$185.00 | \$95.00 | \$43.00 | \$35.00 |
| \$78,210.00 | \$84,690.00 | \$91,170.00 | \$97,650.00 | \$104,130.00 | \$110,610.00 | \$117,090.00 | \$123,570.00 | \$200.00 | \$100.00 | \$50.00 | \$40.00 |

State Law allows for a sliding fee scale when insurance denies coverage and/or if no insurance is available.

I understand that the sliding fee scale cannot be applied if insurance coverage or other payment source is available. Initial _____

I understand that it is my responsibility to let Bear's Ears CF Therapy know if changes are made to my insurance status. Initial _____

I certify that the information given to verify household income includes all household members and is correct. Initial _____

I have read and understood the above statements, and I understand that without verification, I will be billed at a full rate.

 Signature of Client or Representative Payee

 Date