



Sliding Fee Scale Application

Ascend Mental Health Center serves all patients regardless of ability to pay.

Discounts for essential services are offered based on family size and income.

Complete the attached application and return it with verification of identification and verification of income to the office or by email to sfs@ascendmhc.com. An office member will reach out to you regarding your eligibility for the program. Please allow 48 business hours for application processing.

Thank you for the opportunity to serve you!

-Ascend Mental Health Center

2001 S Woodruff Ave, Suite 9, Idaho Falls, ID 83404

Office: 208-419-3002 | Fax: 208-656-5652 | sfs@ascendmhc.com | www.ascendmhc.com



Sliding Fee Schedule Application

It is the policy of Ascend Mental Health Center to provide essential services regardless of the patient's ability to pay. Ascend Mental Health Center offers discounts based on family size and annual income.

Please return the following to determine if you or members of your family are eligible for a discount:

- **Completed application**
- **Proof of identification** – Driver's license, utility bill, employment/student ID.
- **Proof of income** – Most recent 30 days pay stubs, prior year tax return, benefit verification letters

Note: The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray, interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Last Name, First Name			
Street Address			
City	State	Zip	Phone

Please list all household members including yourself, and those under age 18.

Household Member	Name	Date of Birth
Self		
Other		
Other		
Other		
Other		
Other		

(if there are additional members to list, continue listing them at the bottom of this page)

Household Income – Source <i>(Include frequency each income is received, i.e. weekly, biweekly, semi-monthly, monthly, annually)</i>	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above is correct.

Print Name	
Signature	Date

FOR OFFICE USE ONLY

Patient Name: _____

Annual Income: _____ Household Size: _____

Approved: _____ Yes _____ No (provide reason): _____

Approved Discount %: _____

Approved By: _____

Date Approved: _____

Verification Checklist		Initials
Identification Type: (attach copies)		
Proof of Income Type: (attach copies)		



Sliding Fee Schedule*

Maximum Annual Income Amounts for each Sliding Fee Percentage Category

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200% (ineligible)
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% (ineligible)
1	<\$13,590	\$14,949	\$16,308	\$17,667	\$19,026	\$20,385	\$21,744	\$23,103	\$24,462	\$25,821	\$27,180	\$27,181+
2	<\$18,310	\$20,141	\$21,972	\$23,803	\$25,634	\$27,465	\$29,296	\$31,127	\$32,958	\$34,789	\$36,620	\$36,621+
3	<\$23,030	\$25,333	\$27,636	\$29,939	\$32,242	\$34,545	\$36,848	\$39,151	\$41,454	\$43,757	\$46,060	\$46,061+
4	<\$27,750	\$30,525	\$33,300	\$36,075	\$38,850	\$41,625	\$44,400	\$47,175	\$49,950	\$52,725	\$55,500	\$55,501+
5	<\$32,470	\$35,717	\$38,964	\$42,211	\$45,458	\$48,705	\$51,952	\$55,199	\$58,446	\$61,693	\$64,940	\$64,941+
6	<\$37,190	\$40,909	\$44,628	\$48,347	\$52,066	\$55,785	\$59,504	\$63,223	\$66,942	\$70,661	\$74,380	\$74,381+
7	<\$41,910	\$46,101	\$50,292	\$54,483	\$58,674	\$62,865	\$67,056	\$71,247	\$75,438	\$79,629	\$83,820	\$83,821+
8	<\$46,630	\$51,293	\$55,956	\$60,619	\$65,282	\$69,945	\$74,608	\$79,271	\$83,934	\$88,597	\$93,260	\$93,261+
For each additional person, add	\$4,720	\$5,192	\$5,664	\$6,136	\$6,608	\$7,080	\$7,552	\$8,024	\$8,496	\$8,968	\$9,440	\$9,440

*Based on the 2022 Federal poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.



Sliding Fee Schedule* - Fee Matrix per Service Provided

Fee schedule including discount based upon poverty level

Poverty Level		100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200% (ineligible)
Discount		Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0% (ineligible)
	Billable Type												
Medication Management - Initial Evaluation	Unit	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$212.50	\$225.00	\$250.00
Medication Management - Follow Up	Unit	\$0.00	\$12.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$106.25	\$112.50	\$125.00
Medication Assisted Treatment (MAT) - Initial Evaluation	Unit	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$212.50	\$225.00	\$250.00
Medication Assisted Treatment (MAT) - Follow Up	Unit	\$0.00	\$12.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$106.25	\$112.50	\$125.00
Psychotherapy - Initial Evaluation	Unit	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$212.50	\$225.00	\$250.00
Psychotherapy - Follow Up	Unit	\$0.00	\$12.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$106.25	\$112.50	\$125.00
Psychological/Neuropsychological Testing - Initial Evaluation	Unit	\$0.00	\$17.50	\$35.00	\$52.50	\$70.00	\$87.50	\$105.00	\$122.50	\$140.00	\$148.75	\$157.50	\$175.00
Psychological/Neuropsychological Testing - Follow Up	Hour	\$0.00	\$12.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$106.25	\$112.50	\$125.00

*Based on the 2022 Federal poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.