

Financial Assistance – Sliding Fee Discount Program
and Schedule

Current Status: *Active*



Effective: January 1, 2024
Approved: January 1, 2024
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Expires:
Author:
Policy Category: *Financial Assistance*

Sliding Feed Discount Program

- I. **Purpose:** The PsyGenics, Inc. Sliding Fee Schedule Program is designed to ensure access to essential, high-quality behavioral health services, regardless of ability to pay, through the use of a structured discount program.
- II. **Policy:** It is the policy of PsyGenics, Inc. to provide essential, high-quality behavioral health services regardless of an individual's ability to pay. Discounts are determined based on household size and income and are available to individuals who are uninsured or underinsured.
- III. **Standards:**
 - A. All individuals seeking services at PsyGenics, Inc. will be provided care regardless of ability to pay.
 - B. PsyGenics, Inc. will notify patients of the Sliding Fee Discount Program by:
 1. The fee schedule and program application shall be made available to all members at the time of service and upon request through any clinical or administrative staff member.
 2. The application shall be included with collection-related communications issued by PsyGenics, Inc.
 3. Information regarding the program, including the application, shall be maintained on the PsyGenics, Inc. website and made accessible to the public.
 4. PsyGenics, Inc. will provide notice of the Sliding Fee Discount Program by posting information in clinic waiting areas and in other common areas throughout its facilities where members, visitors, staff, and the general public can readily view it.
 - C. Request for discounted services may be initiated by the individual, a family member, social services staff, or others aware of a financial need. The Sliding Fee Discount Program applies to eligible services provided by PsyGenics, Inc.
 - D. Program information and applications will be made available through staff and on our website. Staff will provide information about the program and offer assistance with completing the application as needed.

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- E. The individual or responsible party must complete the Sliding Fee Discount Program application in full. By signing the application, the individual authorizes PsyGenics, Inc. to verify the income information provided.
- F. Eligibility for the Sliding Fee Discount Program will be determined based solely on household size and income, as indicated in the Federal Poverty Guidelines. For purposes of determining eligibility, PsyGenics, Inc. adopts the following definitions:
 - 1. Family is defined as a group of two or more individuals related by birth, marriage, domestic partnership, or adoption who reside together and are considered part of the same household.
 - 2. Income includes earnings and all sources of financial support, including but not limited to wages, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' benefits, survivor benefits, pension or retirement income, interest, dividends, rental income, royalties, income from estates or trusts, alimony, child support, and financial support from individuals outside the household. Non-cash benefits, such as food assistance or housing subsidies, are not included in income calculations.
- G. Applicants must provide documentation to verify income for eligibility determination. Acceptable forms of verification include a prior year W-2, two most recent pay stubs, a letter from an employer. Individuals who are self-employed must provide a detailed summary of income and expenses for the most recent three-month period. Self-declaration of income is accepted when standard documentation is not available. Individuals utilizing self-declaration must submit a signed statement describing their income and the reason supporting documentation cannot be provided. All self-declared income statements will be reviewed by the Chief Business Officer or designee for final determination of eligibility and discount level.
- H. Individuals with household income at or below 100% of the Federal Poverty Guidelines will qualify for a 100% discount. Individuals with household income above 100% and up to 200% of the Federal Poverty Guidelines will be assigned a discounted rate in accordance with the established Sliding Fee Schedule. The Sliding Fee Schedule will be reviewed and updated annually using the most current Federal Poverty Guidelines.
- I. A nominal fee of \$5 per visit may be applied to individuals receiving a full discount. This fee is not a threshold for receiving services. Services will not be denied based on an individual's inability to pay the nominal fee.
- J. Applicants will be notified in writing of the Sliding Fee Discount Program determination. Notification will include the approved discount level or the reason for denial, if applicable. If an application is approved at less than a 100% discount or is denied, the individual or responsible party will be expected to establish payment arrangements with PsyGenics, Inc. Approved Sliding Fee

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Discount Program determinations will apply to outstanding balances for up to six months prior to the application date and to services provided for up to 12 months following the approval date, unless there is a significant change in financial circumstances.

- K. Applicants are required to reapply for the Sliding Fee Discount Program every 12 months, or sooner if there is a significant change in household size or income. When reapplying the look-back period for will be limited to the lesser of six months or the expiration date of the previous approval.
- L. All records related to Sliding Fee Discount Program determinations will be maintained within PsyGenics, Inc.'s electronic health record system, PERKS, to ensure confidentiality. Approved applications will include documentation of the members' eligibility period and applicable discount level. The Accounting Department will maintain internal tracking of program utilization, including approved discounts and any denials, for reporting and oversight purposes.
- M. The Sliding Fee Discount Program will be reviewed annually by executive leadership. The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Program utilization, including the amount of discounted care provided compared to budgeted projections, will be evaluated to support ongoing planning and decision-making. This review will also consider whether any operational barriers exist that may limit access to discounted services for eligible members.

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APPLICABILITY

This policy applies to all individuals seeking services at PsyGenics, Inc., as well as all staff involved in the administration of the Sliding Fee Discount Program.

| Attachments: | | Date |
|--|--|---------|
| Sliding Fee Discount Program Application | | 4/20/26 |
| Sliding Fee Schedule | | 4/20/26 |



Sliding Fee Discount Program Application

PsyGenics is committed to providing essential behavioral health services to all individuals. No one will be denied access to services due to their inability to pay.

A sliding fee discount is available for individuals and families who qualify based on household size and annual income. Eligibility is determined in accordance with current Federal Poverty Guidelines.

Please complete this application so our staff can review your information and determine your eligibility for discounted services. This application must be updated every 12 months, or sooner if your financial situation changes.

| | | | |
|---------|------|-------|-----|
| Name | | Phone | |
| Address | City | State | Zip |

Household Size

A household includes you, your spouse, domestic partner, legal children, and any dependents. Please list each household member and their date of birth.

| Household Members' Name | Date of Birth | Household Members' Name | Date of Birth |
|---|---------------|-------------------------|---------------|
| Self | | Other | |
| Spouse/Domestic Partner | | Other | |
| Other | | Other | |
| Other | | Other | |
| Total Number of Household Members: | | | |



Annual Household Income

Please list the monthly household income for each member from each source.

| Income Source | Self | Other | Other |
|---|------|-------|-------|
| Gross wages, salaries, tips, etc | | | |
| Social Security (SSI or SSDI) | | | |
| Unemployment Benefits | | | |
| Investments, Interest, dividends | | | |
| Alimony, child support, miscellaneous sources | | | |
| Total Household Income: | | | |

** Copies of tax returns, pay stubs, or other supporting documentation may be required before a discount is approved.

By signing, I attest that the household size and income information provided is accurate to the best of my knowledge. I understand that I must notify PsyGenics, Inc. of any changes to my income or insurance status. If changes occur, my eligibility for the sliding fee scale will be re-evaluated.

| | |
|--------------|------|
| Name (Print) | |
| Signature | Date |

Office Use Only

| Income Verification | | Identity Verification | |
|--|--|--|--|
| Prior year tax return, Two (2) current pay stubs | | Driver's License, State ID, Employer ID | |
| Self-attestation | | Other (Identify document) | |

| | |
|----------------|-------------------|
| Applicant Name | Approved Discount |
| Approved by | Date Approved |



2026 Sliding Fee Discount Fee Program Schedule

Maximum Annual Income by Discount Level

| FPL | 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 | \$15,960 | \$17,556 | \$19,152 | \$20,748 | \$22,344 | \$23,940 | \$25,536 | \$27,132 | \$28,728 | \$30,324 | \$31,920 | \$31,921 |
| 2 | \$21,640 | \$23,804 | \$25,968 | \$28,132 | \$30,296 | \$32,460 | \$34,624 | \$36,788 | \$38,952 | \$41,116 | \$43,280 | \$43,281 |
| 3 | \$27,320 | \$30,052 | \$32,784 | \$35,516 | \$38,248 | \$40,980 | \$43,712 | \$46,444 | \$49,176 | \$51,908 | \$54,640 | \$54,641 |
| 4 | \$33,000 | \$36,300 | \$39,600 | \$42,900 | \$46,200 | \$49,500 | \$ 52,800 | \$56,100 | \$59,400 | \$62,700 | \$66,000 | \$66,001 |
| 5 | \$38,680 | \$42,548 | \$46,416 | \$50,284 | \$54,152 | \$58,020 | \$61,888 | \$65,756 | \$69,624 | \$73,492 | \$77,360 | \$77,361 |
| 6 | \$44,360 | \$48,796 | \$53,232 | \$57,668 | \$62,104 | \$66,540 | \$70,976 | \$75,412 | \$79,848 | \$84,284 | \$88,720 | \$88,721 |
| 7 | \$50,040 | \$55,044 | \$60,048 | \$65,052 | \$70,056 | \$75,060 | \$80,064 | \$85,068 | \$90,072 | \$95,076 | \$100,080 | \$100,081 |
| 8 | \$55,720 | \$61,292 | \$66,864 | \$72,436 | \$78,008 | \$83,580 | \$89,152 | \$94,724 | \$100,296 | \$105,868 | \$111,440 | \$111,441 |
| Each person adds | \$5,680 | \$6,248 | \$6,816 | \$ 7,384 | \$7,952 | \$8,520 | \$9,088 | \$ 9,656 | \$10,224 | \$10,792 | \$11,360 | \$11,360 |

* Based on the [2026 FEDERAL POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA](#)