



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](#)