



## OUTPATIENT SERVICES FEE SCHEDULE INCLUDING SLIDING FEE SCALE\*

% of Cost	% of Poverty	Family Size					Assessment	DCPP/ IDRC Intake	Urine Drug Screen	ETG Alcohol Screen
		1	2	3	4	5 or more				
							<b>\$120</b>	<b>\$80</b>	<b>\$30</b>	<b>\$100</b>
<b>100%</b>	<b>350%</b>	\$51,030	\$69,020	\$87,010	\$105,000	\$122,990	\$120	\$80	\$30	\$100
<b>80%</b>	<b>300%</b>	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$96	\$64	\$24	\$80
<b>60%</b>	<b>250%</b>	\$36,450	\$49,300	\$62,150	\$75,000	\$87,850	\$72	\$48	\$18	\$60
<b>40%</b>	<b>200%</b>	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$48	\$32	\$12	\$40
<b>20%</b>	<b>150%</b>	\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$24	\$16	\$6	\$20
<b>0%</b>	<b>100%</b>	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$0	\$0	\$0	\$0

% of Cost	% of Poverty	Family Size					IOP session (3 hrs)	OP session (90 min)
		1	2	3	4	5 or more		
							<b>\$100</b>	<b>\$50</b>
<b>100%</b>	<b>350%</b>	\$51,030	\$69,020	\$87,010	\$105,000	\$122,990	\$100	\$50
<b>80%</b>	<b>300%</b>	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$80	\$40
<b>60%</b>	<b>250%</b>	\$36,450	\$49,300	\$62,150	\$75,000	\$87,850	\$60	\$30
<b>40%</b>	<b>200%</b>	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$40	\$20
<b>20%</b>	<b>150%</b>	\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$20	\$10
<b>0%</b>	<b>100%</b>	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$0	\$0

% of Cost	% of Poverty	Family Size					Psych Evaluation	Medication Monitoring	Family/ Individual 30 min	Family/ Individual 60 min
		1	2	3	4	5 or more				
							<b>\$300</b>	<b>\$50</b>	<b>\$45</b>	<b>\$80</b>
<b>100%</b>	<b>350%</b>	\$51,030	\$69,020	\$87,010	\$105,000	\$122,990	\$300	\$50	\$45	\$80
<b>80%</b>	<b>300%</b>	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$240	\$40	\$36	\$64
<b>60%</b>	<b>250%</b>	\$36,450	\$49,300	\$62,150	\$75,000	\$87,850	\$180	\$30	\$27	\$48
<b>40%</b>	<b>200%</b>	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$120	\$20	\$18	\$32
<b>20%</b>	<b>150%</b>	\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$60	\$10	\$9	\$16
<b>0%</b>	<b>100%</b>	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$0	\$0	\$0	\$0

\* Client must present evidence of household income with last 2 pay stubs of all household members **OR** a letter of dependent support and most recent Federal Tax Return.