

Below is the new fee schedule that will be applied to your account as of March 1, 2024. A copy of the fee schedule will be provided for your records.

Sliding Fee

Household	Range	0%-100%		101%-150%		151%-175%		176%-200%		200%+
		From	To	From	To	From	To	From	To	Over
1	Annual	0	15,060	15,061	22,592	22,593	26,355	26,356	30,120	30,121
	Per Month	0	1,255	1,256	1,883	1,884	2,196	2,197	2,510	2,511
	Per Week	0	290	291	434	435	507	508	579	580
2	Annual	0	20,440	20,441	30,662	30,663	35,770	35,771	40,880	40,881
	Per Month	0	1,703	1,704	2,555	2,556	2,981	2,982	3,407	3,408
	Per Week	0	393	394	590	591	688	689	786	787
3	Annual	0	25,820	25,821	38,732	38,733	45,185	45,186	51,640	51,641
	Per Month	0	2,152	2,153	3,228	3,229	3,765	3,766	4,303	4,304
	Per Week	0	497	498	745	746	869	870	993	994
4	Annual	0	31,200	31,201	46,802	46,803	54,600	54,601	62,400	62,401
	Per Month	0	2,600	2,601	3,900	3,901	4,550	4,551	5,200	5,201
	Per Week	0	600	601	900	901	1,050	1,051	1,200	1,201
5	Annual	0	36,580	36,581	54,872	54,873	64,015	64,016	73,160	73,161
	Per Month	0	3,048	3,049	4,573	4,574	5,335	5,336	6,097	6,098
	Per Week	0	703	704	1,055	1,056	1,231	1,232	1,407	1,408
6	Annual	0	41,960	41,961	62,942	62,943	73,430	73,431	83,920	83,921
	Per Month	0	3,497	3,498	5,245	5,246	6,119	6,120	6,993	6,994
	Per Week	0	807	808	1,210	1,211	1,412	1,413	1,614	1,615
7	Annual	0	47,340	47,341	71,012	71,013	82,845	82,846	94,680	94,681
	Per Month	0	3,945	3,946	5,918	5,919	6,904	6,905	7,890	7,891
	Per Week	0	910	911	1,366	1,367	1,593	1,594	1,821	1,822
8	Annual	0	58,720	58,721	88,082	88,083	102,760	102,761	117,440	117,441
	Per Month	0	4,893	4,894	7,340	7,341	8,563	8,564	9,787	9,788
	Per Week	0	1,129	1,130	1,694	1,695	1,976	1,977	2,258	2,259

FPG updated March 2024 ; Sliding fee scale based upon total gross household income and the number of persons residing in the household. For each additional household member add \$5,380 to annual income, \$448 to monthly income, or \$104 to weekly income.

Medical, Assessment, and Ongoing Services
Sliding Fee Schedule: Summary

COMMON CODES AND PROCEDURES	Self-Pay I (0-100%)	Self-Pay II (101-150%)	Self-Pay III (151-175%)	Self-Pay IV (176-200%)	Self-Pay V (Full Fee)
Medical Visit* Psychiatric or Primary Care	\$0.00	\$15.00	\$25.00	\$40.00	Full Fee
Assessment Visit Mental Health or Substance Use Disorder	\$0.00	\$30.00	\$60.00	\$90.00	Full Fee
Ongoing Visit Mental Health or Substance Use Disorder	\$0.00	\$20.00	\$35.00	\$50.00	Full Fee
Returned Check Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

**Medications, vaccines, and laboratory services are provided at cost and in addition to listed visit rate*

Fees are subject to change

The above fees do not represent a comprehensive list of services available for self-payment and are intended to provide an estimated cost of treatment based on the most commonly provided services. Fees are subject to change.

Payment may be made by cash, check, Visa, MasterCard, Discover and AMEX. You will be provided with a receipt for your records. Please retain this receipt. Cascadia encourages you to become familiar with our policy and resolve all payments questions prior to receiving services.

Please contact the site operations manager if you have any questions.