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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0%-100% | 101%-150% | 151%-175% | 176%-200% | 200%+ |
| Household | Range | From | To | From | To | From | To | From | To | Over |
| 1 | AnnualPer Month Per Week | 000 | 15,0601,255290 | 15,0611,256291 | 22,5921,883434 | 22,5931,884435 | 26,3552,196507 | 26,3562,197508 | 30,1202,510579 | 30,1212,511580 |
| 2 | AnnualPer Month Per Week | 000 | 20,4401,703393 | 20,4411,704394 | 30,6622,555590 | 30,6632,556591 | 35,7702,981688 | 35,7712,982689 | 40,8803,407786 | 40,8813,408787 |
| 3 | AnnualPer Month Per Week | 000 | 25,8202,152497 | 25,8212,153498 | 38,7323,228745 | 38,7333,229746 | 45,1853,765869 | 45,1863,766870 | 51,6404,303993 | 51,6414,304994 |
| 4 | AnnualPer Month Per Week | 000 | 31,2002,600600 | 31,2012,601601 | 46,8023,900900 | 46,8033,901901 | 54,6004,5501,050 | 54,6014,5511,051 | 62,4005,2001,200 | 62,4015,2011,201 |
| 5 | AnnualPer Month Per Week | 000 | 36,5803,048703 | 36,5813,049704 | 54,8724,5731,055 | 54,8734,5741,056 | 64,0155,3351,231 | 64,0165,3361,232 | 73,1606,0971,407 | 73,1616,0981,408 |
| 6 | Annual Per MonthPer Week | 000 | 41,9603,497807 | 41,9613,498808 | 62,9425,2451,210 | 62,9435,2461,211 | 73,4306,1191,412 | 73,4316,1201,413 | 83,9206,9931,614 | 83,9216,9941,615 |
| 7 | Annual Per MonthPer Week | 000 | 47,3403,945910 | 47,3413,946911 | 71,0125,9181,366 | 71,0135,9191,367 | 82,8456,9041,593 | 82,8466,9051,594 | 94,6807,8901,821 | 94,6817,8911,822 |
| 8 | AnnualPer Month Per Week | 000 | 58,7204,8931,129 | 58,7214,8941,130 | 88,0827,3401,694 | 88,0837,3411,695 | 102,7608,5631,976 | 102,7618,5641,977 | 117,4409,7872,258 | 117,4419,7882,259 |

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 VisitMental Health or Substance Use Disorder | $0.00 | $30.00 | $60.00 | $90.00 | Full Fee |
| Ongoing VisitMental 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.