COMMUNITY CARE ALLIANCE

(Rev. 01/25)

Application for Sliding Fee Scale (For Uninsured ONLY)

Date: _____

Client Name: _____HI #: _____

Application for Sliding Fee Scale For Uninsured/Underinsured ONLY

☐ Paycheck Stub (most recent 4 weeks) ☐ Unemployment Check Stub

☐ W-2 Form ☐ Social Security Check Stub

☐ Last Income Tax Return ☐ Written Statement from Employer

To be used only if there is not written income verification

☐ Self-Declaration of Income ☐ IRS Form 4506T-EZ

Income Provided: _____

Based on the information provided, you qualify for a Sliding Scale Fee/Discount of _____.

I presently have no insurance or my insurance does not provide benefits for behavioral health services needed. I am applying for a Sliding Fee Discount. I have provided the above documents. I understand that I am responsible for fees in full at the time of each service. If payment is not made, this could interrupt services until payment is made. Should I enroll in insurance, I will inform the agency with this information prior to my next session. I understand that if the information is not received by the agency in a timely manner, I will be responsible for all charges that are deemed un-reimbursable by the insurance plan.

Sliding Scale Discount Schedule Based on Household Income and 2024 Federal Poverty Guidelines:

	Gross Annual Household Income												
Household Size	Tier 1			Tier 2			Tier 3			Tier 4			100% Charge
1	$0	to	$15,060	$15,061	to	$18,825	$18,826	To	$22,590	$22,591	to	$26,355	$30,120 +
2	$0	to	$20,440	$20,441	to	$25,550	$25,551	To	$30,660	$30,661	to	$35,770	$40,880 +
3	$0	to	$25,820	$25,821	to	$32,275	$32,276	To	$38,730	$38,731	to	$45,185	$51,640 +
4	$0	to	$31,200	$31,201	to	$39,000	$39,001	To	$46,800	$46,801	to	$54,600	$62,400 +
5	$0	to	$36,580	$36,581	to	$45,725	$45,726	To	$54,870	$54,871	to	$64,015	$73,160 +
6	$0	to	$41,960	$41,961	to	$52,450	$52,451	To	$62,940	$62,941	to	$73,430	$83,920 +
7	$0	to	$47,340	$47,341	to	$59,175	$59,176	To	$71,010	$71,011	to	$82,845	$94,680 +
8	$0	to	$52,720	$52,721	to	$65,900	$65,901	To	$79,080	$79,081	to	$92,260	$105,440 +
	Add $5,380 for each additional person			Add $6,725 for each additional person.			Add $8,070 for each additional person.			Add $9,415 for each additional person.			

STANDARD AGENCY RATES:

Service	Billing Code	Tier 1	Tier 2 (25%)	Tier 3 (50%)	Tier 4 (75%)	100% Charge
Assessment	90791	$20.00	$50.00	$100.00	$150.00	$200
Case Management	H0036	$2.50 per 15 minute unit	$6.00 per 15 minute unit	$12.50 per 15 minute unit	$19.00 per 15 minute unit	$25.00 per 15 minute unit
Case Management Group	H0036	$2.50	$9.00	$17.50	$26.00	$35.00
Crisis Evaluation	H2011	$10	$10.50 per 15 minute unit	$21.00 per 15 minute unit	$31.50 per 15 minute unit	$42.00 per 15 minute unit
Group Counseling	90853	$3.50	$12.50	$25.00	$37.50	$50.00
Individual Counseling 30-45 minutes (length of session as clinically indicated)	90832 90834	$5.00	$22.50-29.00	$45.00-57.50	$67.50-86.00	$90.00 $115.00
Individual Counseling 60 minutes (length of session as clinically indicated)	90837	$5.00	$43.00	$86.00	$129.00	$172.00
Nurse Case Management	H0036	$2.50 per 15 minute unit	$6.00 per 15 minute unit	$12.50 per 15 minute unit	$19.00 per 15 minute unit	$25.00 per 15 minute unit
Nursing Assessment	90791 TD	$10.00	$50.00	$100.00	$150.00	$200.00
Nursing Injection	99211 TD	$2.50	$2.50 per 5 minute unit	$5.00 per 5 minute unit	$7.50 per 5 minute unit	$10.00 per 5 minute unit
Nursing Visit	99211 TD	$5.00	$2.50 per 5 minute unit	$5.00 per 5 minute unit	$7.50 per 5 minute unit	$10.00 per 5 minute unit
Peer Support Group	H0038 U2 HQ	$2.50	$1.00 per 15 minute unit	$2.00 per 15 minute unit	$3.50 per 15 minute unit	$4.71 per 15 minute unit
Peer Support	H0038 U2	$2.50 per 15 minute unit	$4.00 per 15 minute unit	$8.00 per 15 minute unit	$12.00 per 15 minute unit	$16.23 per 15 minute unit
Psychiatric Assessment	90792	$25.00	$79.00	$157.50	$236.00	$315.00
Substance Case Management	H0036 HN	$2.50 per 15 minute unit	$6.00 per 15 minute unit	$12.50 per 15 minute unit	$19.00 per 15 minute unit	$25.00 per 15 minute unit
Vocational Case Management	H2023	$2.50 per 15 minute unit	$6.00 per 15 minute unit	$12.50 per 15 minute unit	$19.00 per 15 minute unit	$25.00 per 15 minute unit
Care Coordination	H0046	--	--	--	--	$8.00 per 15 minute unit
Care Management < 15 minutes	H0046	$1.00	$2.00	$4.00	$6.00	$8.00
Medication Reconciliation	H0046	--	--	--	--	$8.00 per 15 minute unit
Supplemental Service – Outreach & Engagement	H0046	--	--	--	--	$8.00 per 15 minute unit
Prescriber Visit – Standard (based on prescriber findings – non-negotiable)	99212 99213	$10.00	$16.00-24.00	$32.50-47.50	$49.00-71.00	$65.00 $95.00
Prescriber Visit – Complex (based on prescriber findings – non-negotiable)	99214 99215	$15.00	$35.00-50.00	$70.00-100.00	$105.00-150.00	$140.00 $200.00
Prescriber add Counseling (when clinically necessary)	90833	$5.00	$22.50	$45.00	$67.50	$90.00
CIS/EOS Case Management	H0004 H0036	$3.00 per 15 minute unit	$7.50 per 15 minute unit	$15.00 per 15 minute unit	$22.50 per 15 minute unit	$30.00 per 15 minute unit
CIS/EOS Counseling	H0036	$4.00 per 15 minute unit	$10.00 per 15 minute unit	$20.00 per 15 minute unit	$30.00 per 15 minute unit	$40.00 per 15 minute unit
IOP Day	H0015	$10.00 per day	$50.00 per day	$100.00 per day	$150.00 per day	$200.00 per day

I understand that if I require any additional types of service, I will be informed in writing in advance of the service being provided. I also understand it is my obligation to inform CCA of any changes in my income and or insurance status.

Billing Staff only:
☐Income updated and verified
☐Approved-Date: _____
☐Denied-Reason.
_____

_____
Client or Guardian Signature Date

_____
CCA Representative Printed Name

_____
CCA Representative Signature Date