

**Annual Income Thresholds by Sliding Fee Discount Pay  
Class and Percent Poverty**

<b>Pover ty Level *</b>	<b>At or Below 100 %</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>Above 200%</b>
<b>House hold/ Family Size</b>	<b>Nomin al Fee (\$10)</b>	<b>20% pay or \$29.00</b>	<b>40% pay or \$58.00</b>	<b>60% pay or \$87.00</b>	<b>80% pay or \$116</b>	<b>100% or \$145</b>
<b>1</b>	0-\$12060	\$12,061- \$15,075	\$15076- \$18090	\$18,091- \$21105	\$21106- \$22311	\$24121+
<b>2</b>	0-\$16240	\$16241- \$20300	\$20301- \$24360	\$24361- \$28420	\$28421- \$32480	\$32481+
<b>3</b>	0-\$20420	\$20421- \$25525	\$25526- \$30630	\$30631- \$35735	\$35736- \$40840	\$40841+
<b>4</b>	0-\$24600	\$24601- \$30750	\$30751- \$36900	\$36901- \$43050	\$43051- \$49200	\$49201+
<b>5</b>	0-\$28780	\$28781- \$35975	\$35976- \$43170	\$43171- \$50365	\$50366- \$57560	\$57561+
<b>6</b>	0-\$32960	\$32961- \$41200	\$41201- \$49440	\$49441- \$57680	\$57681- \$65920	\$65921+
<b>7</b>	0-\$37140	\$37141- \$46425	\$46426- \$55710	\$55711- \$64995	\$64996- \$74280	\$74281+
<b>8</b>	0-\$41320	\$41321- \$51650	\$51651- \$61980	\$61981- \$72310	\$72311- \$82640	\$82641+
<b>For each additio nal person, add</b>	\$4,180	\$5,225	\$6,270	\$7,315	\$8,360	\$8,360

**Based on 2017 Federal Poverty  
Guidelines**



## **NON-DISCRIMINATION POSTED NOTICE:**

**CHANGES BEHAVIORAL HEALTH, LLC COMPLIES WITH APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS, AND DOES NOT DISCRIMINATE, EXCLUDE, OR TREAT PEOPLE DIFFERENTLY ON THE BASIS OF, ANY INDIVIDUALS INABILITY TO PAY FOR SERVICES, OR BASED ON RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, OR SEXUAL ORIENTATION.**

**You can file a grievance in person, by mail, or by email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:**

**U.S. Department of Health and Human Services  
200 Independence Ave SW, Room 509F, HHH Building  
Washington, DC 20201  
Phone: 1-800-368-1019; TDD: 1-800-537-7697**

## **We accept most Insurance, Including:**

**Medicare**

**Medicaid/AR Kids**

**EAP (Employee Assistance Program)**

## DISCOUNTED FEE PROGRAM

**Changes Behavioral Health, LLC** will not deny anyone access to services due to inability to pay. We are committed to reducing the costs for Mental Health services to our patients. We offer a discounted fee program (Sliding Fee Discount) to all eligible patients who apply for assistance. The discounts are based on Federal Poverty Guidelines.

- All Patients may apply
- The discounted amount is determined by number of members in your family or household and the family or household income.
- The balance due after all discounts have been applied could range from \$0 per visit up to 100% of total charges.
- If you are interested in finding out if you are eligible for a discount, you will need the following:
  - The number of people in your family or household and
  - Proof of **ALL** family or household income

**Proof of Income is used** so that we can **verify** your family or household income. Proof of income can include but not limited to any of the following items:

- Earnings from your employer (check stubs or current taxes)
- Unemployment Benefit
- Social Security Disability
- Social Security Retirement
- Social Security Supplement Income
- Pension/Retirement
- Child Support
- Money given to you by family or friends to help cover your living expenses
- Housing Assistance
- Food Stamps
- All patients participating in the program must resubmit the required information at least once per year.
- For more information or to apply for the Discounted Fee Program please see the receptionist.