

Sliding Fee Discount Policy

1. Purpose

The purpose of this policy is to establish a standardized and equitable sliding fee discount schedule that allows eligible individuals to access mental health services regardless of their ability to pay, in accordance with the 2025 Federal Poverty Guidelines (FPG).

2. Policy Statement

A to X Clinical Consulting, LLC is committed to providing accessible and affordable mental health services. A sliding fee discount is available to clients based on household income and family size. This policy applies to uninsured clients and underinsured clients who meet eligibility criteria.

3. Eligibility Criteria

- Clients must complete an application for the sliding fee discount program.
- Eligibility is determined using the most recent Federal Poverty Guidelines (FPG).
- Household income must be verified by recent documentation (e.g., pay stubs, tax returns, benefit statements).
- Family size is defined as all individuals who are part of the household income unit.

4. Discount Schedule (2025)

FPG %	Annual Income (1-person household)	Discount Level	Client Fee per Session
0-100% FPG	\$0-\$15,650	A	\$5
101-133% FPG	\$15,651-\$20,815	B	\$10
134-150% FPG	\$20,816-\$23,475	C	\$15
151-175% FPG	\$23,476-\$27,388	D	\$20
176-200% FPG	\$27,389-\$31,300	E	\$25
Above 200% FPG	\$31,301+	F	Full Fee

Note: Add \$5,500 for each additional household member.

5. Verification and Documentation

- Proof of income must be renewed annually or when significant financial changes occur.
- Clients must provide:
 - Proof of income (e.g., two recent pay stubs, tax return, benefit letter)
 - Identification for household members if requested
- Failure to provide verification will result in full-fee billing until documentation is received.

6. Confidentiality

All financial and personal information used to determine eligibility for the sliding fee program will be kept confidential in accordance with HIPAA.

7. Exceptions

- Clients experiencing homelessness or crisis may qualify for nominal or waived fees on a case-by-case basis.
- The Clinical Director may approve temporary discounts outside the standard scale in extenuating circumstances.

8. Appeals Process

Clients may submit a written appeal for reconsideration of the fee determination. The Clinical Director will review and respond within 10 business days.

9. Staff Responsibility

- Administrative staff are responsible for collecting applications, verifying income, and assigning discount levels.
- Clinicians must refer clients in financial hardship to administrative staff for evaluation.
- All documentation is retained securely in the client's record.