



2023 EHI Healthcare Sliding Fee Scale - Behavioral Health

Slide Category		A	B	C	D	E
Poverty Level		0 - 100%	101 - 200%	201 - 300%	301 - 400%	> 400%
Behavioral Health	Required Fee per family member, per visit	Nominal Fee \$5	\$10	\$20	\$30	100% of Charges
FAMILY SIZE						
1	Annual (up to)	\$ 14,580.00	\$ 29,160.00	\$ 43,740.00	\$ 58,320.00	\$ 58,321.00
	Monthly	\$ 1,215.00	\$ 2,430.00	\$ 3,645.00	\$ 4,860.00	\$ 4,860.08
	Weekly	\$ 280.38	\$ 560.77	\$ 841.15	\$ 1,121.54	\$ 1,121.56
2	Annual (up to)	\$ 19,720.00	\$ 39,440.00	\$ 59,160.00	\$ 78,880.00	\$ 78,881.00
	Monthly	\$ 1,643.33	\$ 3,286.67	\$ 4,930.00	\$ 6,573.33	\$ 6,573.42
	Weekly	\$ 379.23	\$ 758.46	\$ 1,137.69	\$ 1,516.92	\$ 1,516.94
3	Annual (up to)	\$ 24,860.00	\$ 49,720.00	\$ 74,580.00	\$ 99,440.00	\$ 99,441.00
	Monthly	\$ 2,071.67	\$ 4,143.33	\$ 6,215.00	\$ 8,286.67	\$ 8,286.75
	Weekly	\$ 478.08	\$ 956.15	\$ 1,434.23	\$ 1,912.31	\$ 1,912.33
4	Annual (up to)	\$ 30,000.00	\$ 60,000.00	\$ 90,000.00	\$ 120,000.00	\$ 120,001.00
	Monthly	\$ 2,500.00	\$ 5,000.00	\$ 7,500.00	\$ 10,000.00	\$ 10,000.08
	Weekly	\$ 576.92	\$ 1,153.85	\$ 1,730.77	\$ 2,307.69	\$ 2,307.71
5	Annual (up to)	\$ 35,140.00	\$ 70,280.00	\$ 105,420.00	\$ 140,560.00	\$ 140,561.00
	Monthly	\$ 2,928.33	\$ 5,856.67	\$ 8,785.00	\$ 11,713.33	\$ 11,713.42
	Weekly	\$ 675.77	\$ 1,351.54	\$ 2,027.31	\$ 2,703.08	\$ 2,703.10
6	Annual (up to)	\$ 40,280.00	\$ 80,560.00	\$ 120,840.00	\$ 161,120.00	\$ 161,121.00
	Monthly	\$ 3,356.67	\$ 6,713.33	\$ 10,070.00	\$ 13,426.67	\$ 13,426.75
	Weekly	\$ 774.62	\$ 1,549.23	\$ 2,323.85	\$ 3,098.46	\$ 3,098.48
7	Annual (up to)	\$ 45,420.00	\$ 90,840.00	\$ 136,260.00	\$ 181,680.00	\$ 181,681.00
	Monthly	\$ 3,785.00	\$ 7,570.00	\$ 11,355.00	\$ 15,140.00	\$ 15,140.08
	Weekly	\$ 873.46	\$ 1,746.92	\$ 2,620.38	\$ 3,493.85	\$ 3,493.87
8	Annual (up to)	\$ 50,560.00	\$ 101,120.00	\$ 151,680.00	\$ 202,240.00	\$ 202,241.00
	Monthly	\$ 4,213.33	\$ 8,426.67	\$ 12,640.00	\$ 16,853.33	\$ 16,853.42
	Weekly	\$ 972.31	\$ 1,944.62	\$ 2,916.92	\$ 3,889.23	\$ 3,889.25
Each Additional Person	Annual (up to)	\$ 5,140.00	\$ 10,280.00	\$ 15,420.00	\$ 20,560.00	\$ 20,560.00
	Monthly	\$ 428.33	\$ 856.67	\$ 1,285.00	\$ 1,713.33	\$ 1,713.33
	Weekly	\$ 98.85	\$ 197.69	\$ 296.54	\$ 395.38	\$ 395.38

Updated using Federal Poverty Guidelines for 2023 (published in January 19, 2023) <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

No one will be denied access to services due to the inability to pay and this discounted/sliding fee schedule is available based on family size and income