

Sliding Scale/Pro Bono Services for Clients Not Using Insurance

Quarternote Counseling offers a sliding scale based on income and number of dependents. Please see next pages for details.

In addition, Quarternote Counseling reserves 2 weekly one hour individual psychotherapy sessions for clients who have been incarcerated within the last 2 years, or have an immediate family member who is currently incarcerated or has been incarcerated within the last 1 year. Ask for the form concerning this Pro Bono service if you think you may be eligible. Bear in mind only 2 slots are available. If they are full you may elect to go on the wait list.

Sliding Scale

To facilitate access to needed services, Quarternote Counseling offers a sliding scale for individuals who do not have insurance, or have insurance not accepted by Quarternote Counseling LLC.

The “poverty guideline” of the US Federal government is used as the base.

For those earning up to 300% of the poverty guideline, fee will be 35% of the standard fee. Example - \$52.50 for the initial 90 minute intake appointment, and \$42 for each subsequent 1 hour individual therapy.

For those earning between 300% and 400% of the poverty guideline, fee will be 50% of the regular fee. Example – \$75.00 for the initial 90 minute intake appointment, and \$60 for each subsequent 1 hour individual therapy.

For those earning between 400% and 500% of the poverty guideline, fee will be 65% of the standard fee. Example - \$97.50 for the initial 90 minute intake appointment, and \$78 for each subsequent 1 hour individual therapy.

For those earning between 500% and 600% of the poverty guideline, fee will be 80% of the standard fee. Example - \$120.00 for the initial 90 minute intake appointment, and \$96.00 for each subsequent 1 hour individual session.

For those earning over 600% of the poverty guideline, full fee will be required. Example - \$150.00 for the initial 90 minute intake appointment, and \$120.00 for each subsequent 1 hour individual therapy.

The current (2015 is latest) federal government poverty guideline is as follows. (All amounts refer to before tax income.)

1 person in family – guideline is \$11,770

2 people in family – guideline is \$15,830

3 people in family – guideline is \$20,090

4 people in family – guideline is \$24,250

5 people in family – guideline is \$28,410

6 people in family – guideline is \$32,570

7 people in family – guideline is \$36,730

For 8 or more people, add \$4,160 for each additional person.

The sliding scale does not apply to copays as in that case the client’s insurance is being accepted by Quarternote Counseling LLC and adjustment of copays would be a violation of this enterprise’s contract with the insurance company.

Sliding Scale Form (Client fills out this section)

Name: _____

Date of Birth: _____

Address: _____

Reason for needing access to sliding scale:

I currently have no health insurance.

I have health insurance (name of insurance is _____) but Quarternote Counseling does not accept it at this time.

Before tax annual income: (please provide documentation of income, for example recent paystub). _____

Nature of documentation provided: _____

Number of individuals I support with my income: _____

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Client and therapist fill out this section together:

(Client's annual income before tax _____ X 100) divided by (amount listed as poverty line for that size family on page 1 _____) = _____% of poverty line.

Client's before tax annual income of _____, when taking into account the client supports _____ people with this income, places the client at _____ of the poverty line.

Therefore client falls into the following category:

Up to 300% poverty line (client will pay 35% of full fee)

Between 300% and 400% poverty line (client will pay 50% of full fee)

Between 400% and 500% poverty line (client will pay 65% of full fee)

Between 500% and 600% poverty line (client will pay 80% of full fee)

Over 600% of poverty guideline (Client is not eligible for sliding scale.)

By signing below, client and therapist agree to this fee rate, client agrees to inform therapist if number of dependents or income changes, and therapist agrees to give client 30 days' notice of any planned change to sliding scale.

Client's signature: _____ Date: _____

Therapist's signature: _____ Date: _____

Late cancellation fee agreement for clients using sliding scale.

By signing and dating below, client and therapist agree that, should the client cancel an appointment with less than 24 hours' notice, the client agrees to pay $\frac{1}{2}$ of the session fee as a late cancellation fee. Example, if the client has a 2 PM appointment on a Friday, the client would need to let the therapist know by 2 PM on the Thursday if they need to cancel appointment to avoid the late cancellation fee.

Client is currently paying _____ for a one hour therapy session, therefore the fee for late cancellation is $\frac{1}{2}$ of that amount - _____.

Client's signature: _____ Date: _____

Therapist's signature: _____ Date: _____