

Community Mental Health Affiliates, Inc.

Sliding Scale Fee Table*

Effective Date: 7/1/2020

**based on 2020 Federal Poverty Guidelines (FPG)*

**PLEASE NOTE: THIS INCLUDES ALL
ADULT WAGE EARNERS IN THE HOME**

ANNUAL FAMILY GROSS INCOME	Discount %	Number in Family 1	Number in Family 2	Number in Family 3	Number in Family 4	Number in Family 5+
\$0 - \$12,760	100%- nominal charge	\$ 5.00				
\$12,761-\$15,950	-80%	\$ 25.00				
\$15,951-\$19,140	-76%	\$ 30.00				
\$19,141-\$22,330	-76%	\$ 30.00				
\$22,331-\$25,520	-76%	\$ 30.00				
\$25,521- \$29,999	-72%	\$ 35.00				
\$30,000-\$34,999	-68%	\$ 40.00				
\$35,000-\$39,999	-64%	\$ 45.00				
\$40,000-\$44,999	-60%	\$ 50.00				
\$45,000-\$49,999	-56%	\$ 55.00				
\$50,000+		full fee				
\$0 - \$17,240	100%- nominal charge		\$ 5.00			
\$17,241-\$21,550	-80%		\$ 25.00			
\$21,551-\$25,860	-76%		\$ 30.00			
\$25,861-\$30,170	-72%		\$ 35.00			
\$30,171-\$34,480	-68%		\$ 40.00			
\$34,481-\$39,999	-64%		\$ 45.00			
\$40,000-\$44,999	-60%		\$ 50.00			
\$45,000-\$49,999	-56%		\$ 55.00			
\$50,000+			full fee			
\$0 - \$21,720	100%- nominal charge			\$ 5.00		
\$21,721-\$27,150	-80%			\$ 25.00		
\$27,151-\$32,580	-76%			\$ 30.00		
\$32,581-\$38,010	-68%			\$ 40.00		
\$38,011-\$43,440	-68%			\$ 40.00		
\$43,441-\$44,999	-64%			\$ 45.00		
\$45,000-\$49,999	-56%			\$ 55.00		
\$50,000+				full fee		
\$0 - \$26,200	100%- nominal charge				\$ 5.00	
\$26,201-\$32,750	-80%				\$ 25.00	
\$32,751-\$39,300	-72%				\$ 35.00	
\$39,301-\$45,850	-64%				\$ 45.00	
\$45,851-\$52,400	-56%				\$ 55.00	
\$52,401+					full fee	
\$0 - \$30,680	100%- nominal charge					\$ 5.00
\$30,681-\$38,350	-80%					\$ 25.00
\$38,351-\$46,020	-72%					\$ 35.00
\$46,021-\$53,690	-64%					\$ 45.00
\$53,691-\$61,360	-56%					\$ 55.00
\$61,361+						full fee



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APPLICATION FOR SLIDING SCALE FEE

It is CMHA's policy to provide essential behavioral health care services to our clients regardless of ability to pay. We offer discounts based on family size and annual income ***for clients who have no insurance coverage.***

Please complete the following information to determine if you or members of your family are eligible for a discount. The discount & assigned fee will apply to all billable services received at CMHA.

Head of household name: _____

Place of employment: _____

Address, City/Zip: _____

CMHA location where appointment is desired: _____

Phone # where front desk staff can reach you: _____

Please list names and dates of birth for spouse and dependents under age 18 (this must be completed in order to process your application)

Relation	Name & Date of Birth	Relation	Name & Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

TOTAL ANNUAL FAMILY INCOME

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from self-employment, dependents				
Unemployment/workers' compensation, Social Security, public assistance, veterans' payments, survivor benefits, pension/retirement income				
Interest, rents, royalties, income from estates and trusts, educational assistance, alimony, child support, other miscellaneous income				
TOTAL INCOME				

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You may be asked to provide a copy of your paycheck and other income checks or a copy of your most recent tax return as verification of the income amounts listed below. NOTE: If you are presently unemployed with no income, please attach a letter of explanation as to how you are meeting your day to day expenses.

I hereby attest that I (or the Client listed above) currently have no active insurance coverage and the data provided above is correct.

I also understand that I must immediately notify the Billing Department of any significant changes in my income. The above information is subject to review every six months. I understand that payment is due at the time of my appointment.

Signature of Client or Legal Guardian _____

Print Name and Relationship to Client _____

Date _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____ **Date:** _____

Verification Checklist	Yes	No
ID/Address: Driver's License, utility bill, other		
Income: Prior year tax return, 3 most recent pay stubs, other		