



Application for Sliding Fee Scale

It is the policy of BHSN to provide services to clients regardless of their ability to pay. The sliding fee scale is a method of accommodating consumers who are not covered by third party health insurance and are unable to pay the customary agency fee for necessary services.

The following documentation was provided:

Staff initials	Document Required For:	Document Provided:
	Identification	
	Verification of Address	
	Number of persons living in household	
	Verification of income for all persons living in household	

Income Verification:

	Annual	Monthly	Biweekly
Self:			
Spouse/Partner:			
Dependent 1:			
Dependent 2:			
Dependent 3:			
Dependent 4:			
Total Income:			

For individuals who are current or potential clients of the Personalized Recovery Oriented Services Program (PROS) program, BHSN, as an agency licensed by the NY State Office of Mental Health, may have the ability to assist in the payment of services which are either not eligible for Medicaid reimbursement or provided to non-Medicaid eligible clients. Individuals who are interested in this possibility are asked to complete the Application for Sliding Fee scale to determine whether or to what extent this support may be possible. Approval of support is contingent on a completed application and is subject to any and all applicable Medicaid, Medicare, and/or commercial insurance regulations and restrictions, as well as evaluation and review.

I certify that the family size and income information shown above is correct and that substantiating documentation is required by the second appointment.

Printed Name: _____

Date: _____

Signature: _____



To be filled out by BHSN staff:

Annual income:	
Family size:	
Sliding fee scale:	
Effective date of this agreement:	

Reviewed by: _____ Date: _____

After completion, please route to billing department.

Sliding Fee Schedule (SFS):

*Based on the 2024 Federal Poverty Guidelines and provided by the U.S. Department of Health and Human Services, Health Resources, and Services Administration.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$5)	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	\$0 -	\$15,061 -	\$18,826 -	\$22,591 -	\$26,356 -	\$30,121 +
	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	
2	\$0 -	\$20,441 -	\$25,551 -	\$30,661 -	\$35,771 -	\$40,881 +
	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	
3	\$0 -	\$25,821 -	\$32,276 -	\$38,731 -	\$45,186 -	\$51,641 +
	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	
4	\$0 -	\$31,201 -	\$39,001 -	\$46,801 -	\$54,601 -	\$62,401 +
	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	
5	\$0 -	\$36,581 -	\$45,726 -	\$54,871 -	\$64,016 -	\$73,161 +
	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	
6	\$0 -	\$41,961 -	\$52,451 -	\$62,941 -	\$73,431 -	\$83,921 +
	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	
7	\$0 -	\$47,341 -	\$59,176 -	\$71,011 -	\$82,846 -	\$94,681 +
	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	
8	\$0 -	\$52,721 -	\$65,901 -	\$79,081 -	\$92,261 -	\$105,441 +
	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	
For each additional person, add	\$5,380	\$6,725	\$8,070	\$9,415	\$10,760	\$10,760