

**RATE SHEET**

DATE \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

SERVICE CODE DESCRIPTION	FULL FEE	75% DISCOUNT	50% DISCOUNT	25% DISCOUNT	MEDICARE/INS ONLY**
INDIVIDUAL COUNSELING/HOUR	\$ 90.00	\$ 22.50	\$ 45.00	\$ 67.50	\$20.00 or Copay
PHYSICIAN AND NURSE SERVICES/HOUR	\$ 211.00	\$ 52.75	\$ 105.50	\$ 158.25	\$42.20 or Copay
GROUP COUNSELING 1 HOUR	\$ 40.00	\$ 10.00	\$ 20.00	\$ 30.00	\$15.00 or Copay
GROUP COUNSELING 1 1/2 HOURS	\$ 60.00	\$ 15.00	\$ 30.00	\$ 45.00	\$20.00 or Copay
GROUP COUNSELING 2 HOURS	\$ 80.00	\$ 20.00	\$ 40.00	\$ 60.00	\$25.00 or Copay
INTENSIVE OUTPATIENT GROUP (IOP)	\$ 120.00	\$ 30.00	\$ 60.00	\$ 90.00	\$30.00 or Copay

BASED ON THE INFORMATION PROVIDED TODAY, YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM THE RICHLAND COUNTY MENTAL HEALTH BOARD. YOU WILL BE RESPONSIBLE FOR \_\_\_\_\_% OF YOUR CHARGES. IF THERE ARE ANY CHANGES IN YOUR FAMILY INCOME, IT IS YOUR RESPONSIBILITY TO INFORM FINANCIAL REGISTRATION .

\*\*MEDICARE AND INSURANCE RATES ARE AN APPROXIMATION BASED ON THE ALLOWED AMOUNT PER MEDICARE AND MOST INSURANCES AND IF THE DEDUCTIBLE FOR THE CALENDAR YEAR HAS BEEN MET. IF YOUR INSURANCE COPAY EXCEEDS THE MINIMUM FEE DUE, YOU ARE RESPONSIBLE FOR THIS CHARGE. YOU MAY BE RESPONSIBLE FOR ADDITIONAL CHARGES.

PLEASE REMEMBER THAT IF YOU CURRENTLY QUALIFY FOR A 100% DISCOUNT FROM THE RICHLAND COUNTY MENTAL HEALTH BOARD THAT YOU ARE REQUIRED TO APPLY FOR ASSISTANCE FROM ODJFS (MEDICAID) WITHIN 60 DAYS. IF MEDICAID IS DENIED, YOU WILL BE REQUIRED TO SUPPLY A DENIAL. IF THESE CONDITIONS ARE NOT MET, YOU WILL NO LONGER QUALIFY FOR ASSISTANCE FROM THE MHB.

EFFECTIVE DATE 7/1/14