Catalyst Fee and Subsidy Schedule

Catalyst's fees are based upon Medicare and Medicaid rates in effect at the time of service. The duration of a service, complexity level, and licensure of the clinician you see will effect the code charged, and thus it is impossible to determine your exact copay prior to a service. However, the following are the most common services delivered. If you have a question as to the rate of services not listed, please ask your clinician or a financial intake staff member.

90837+90785	Individual Psychotherapy w/Interactivity 60 minutes \$205.00	
	Medicare Copay	\$30.00*
	RCMHB Subsidy Copay	\$11.00
99214+90833	Physician Visit Established Patient Moderate Complexity w/counseling \$352.00	
	Medicare Copay	\$36.00*
	RCMHB Subsidy Copay	\$18.00
90853	Group Counseling, 1 hour or les	s \$44.00*
	Medicare Copay	\$6.00
	RCMHB Subsidy Copay	\$3.00

Insurance rates are dependent on your individual insurance contract and whether Catalyst is in or out of network.

Based upon the information provided today, you may qualify for financial assistance from the Richland County Mental Health Board. Per the information you supplied today, we will submit a request to set your copay level at: ______% of your charges. If you are not accepted for subsidy, we will communicate this information to you. By your agreement to apply for a subsidy today, you are also agreeing to report immediately to financial intake any changes in your family income or place of residence. In addition, you agree to submit an application for Medicaid coverage if applicable.

Client or Responsible Party Signature

Date

Catalyst Financial Intake Signature

Date

Original: Client chart Copy: To Client