Fremont Counseling Service Fee Schedule Effective FEBRUARY 1, 2023

Services will not be denied for inability to pay. However services may be denied for refusal of payment of the agreed upon fee.

We accept most insurance, Medicaid, Medicare and Kid Care (CHIP).

		MAXIMUM ANNUAL HOUSEHOLD INCOME												
	Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%	
Household Size	1	14,580	16,038	17,496	18,954	20,412	21,870	23,328	24,786	26,244	27,702	29,160	29,161	
Household Size	2	19,720	21,692	23,664	25,636	27,608	29,580	31,552	33,524	35,496	37,468	39,440	39,441	
Household Size	3	24,860	27,346	29,832	32,318	34,804	37,290	39,776	42,262	44,748	47,234	49,720	49,721	
Household Size	4	30,000	33,000	36,000	39,000	42,000	45,000	48,000	51,000	54,000	57,000	60,000	60,001	
Household Size	5	35,140	38,654	42,168	45,682	49,196	52,710	56,224	59,738	63,252	66,766	70,280	70,281	
Household Size	6	40,280	44,308	48,336	52,364	56,392	60,420	64,448	68,476	72,504	76,532	80,560	80,561	
Household Size	7	45,420	49,962	54,504	59,046	63,588	68,130	72,672	77,214	81,756	86,298	90,840	90,841	
Household Size	8	50,560	55,616	60,672	65,728	70,784	75,840	80,896	85,952	91,008	96,064	101,120	101,121	
Household Size	9	55,700	61,270	66,840	72,410	77,980	83,550	89,120	94,690	100,260	105,830	111,400	111,401	
Household Size	10+	60,840	66,924	73,008	79,092	85,176	91,260	97,344	103,428	109,512	115,596	121,680	121,681	
		$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	
Discou	nt	95%	90%	80%	70%	60%	50%	40%	30%	20%	10%	5%	0%	
,		$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	$\downarrow\downarrow$	
Assessment Individual/Family (per hour of se Standard Fee =	/ Therapy ervice)	\$6.00	\$12.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$84.00	\$96.00	\$108.00	\$114.00	\$120.00	
Group Therapy (per hour of service) Standard Fee = \$60.00		\$3.00	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$54.00	\$57.00	\$60.00	
Case Management (per hour of service) Standard Fee = \$120.00		\$6.00	\$12.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$84.00	\$96.00	\$108.00	\$114.00	\$120.00	
Substance Abuse Assessment (per hour of service) Standard Fee = \$240.00		\$12.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00	\$168.00	\$192.00	\$216.00	\$228.00	\$240.00	
Psychiatric Services (per hour of service) Standard Fee = \$240.00		\$12.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00	\$168.00	\$192.00	\$216.00	\$228.00	\$240.00	

Cost to respond to subpoenas: Clinical Staff = \$225 per hour (includes travel time and time waiting to be engaged).

Poverty guidelines will be revised as new information is released (board review/approval not required for guideline revisions). Fees are reviewed/revised by the Fremont Counseling Service Board of Directors each year. February 2023 Poverty Guidelines Updated: January 20, 2023 Effective: February 1, 2023