

FY2025 Sliding Fee Scale

Annual Income		Number of Family Members							
At Least	Not Over	1	2	3	4	5	6	7	8
\$ -	\$ 15,060	A	A	A	A	A	A	A	A
\$ 15,061	\$ 20,440	B	A	A	A	A	A	A	A
\$ 20,441	\$ 25,820	C	B	A	A	A	A	A	A
\$ 25,821	\$ 31,200	D	C	B	A	A	A	A	A
\$ 31,201	\$ 36,580	FULL	D	B	B	A	A	A	A
\$ 36,581	\$ 41,960	FULL	FULL	C	B	B	A	A	A
\$ 41,961	\$ 47,340	FULL	FULL	D	C	B	B	A	A
\$ 47,341	\$ 52,720	FULL	FULL	FULL	D	C	B	B	A
\$ 52,721	\$ 58,100	FULL	FULL	FULL	D	C	C	B	B
\$ 58,101	\$ 63,480	FULL	FULL	FULL	FULL	D	C	C	B
\$ 63,481	\$ 68,860	FULL	FULL	FULL	FULL	FULL	D	C	C
\$ 68,861	\$ 74,240	FULL	FULL	FULL	FULL	FULL	FULL	D	C
\$ 74,241	\$ 79,620	FULL	FULL	FULL	FULL	FULL	FULL	FULL	D
Full Fee		FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL

Scale	Individual Therapy	Group Therapy	MD/ARNP	TR/ADH
A	\$1* - \$10	\$1* - \$10	\$1* - \$12	\$1* - \$12
B	\$7* - \$12	\$4* - \$10	\$12* - \$24	\$3* - \$12
C	\$13* - \$17	\$5* - \$10	\$22* - \$40	\$9* - \$12
D	\$22* - \$25	\$6.5* - \$19	\$38* - \$40	\$10* - \$12
Full Fee	\$25* - \$125	\$8.5* - \$72	\$50* - \$190	\$12* - \$40