HealthPort

Primary Care and Outpatient Mental Health
Sliding Fee Scale Worksheet

Date: _____

Client Name: _____

Client Credible ID: _____

Gross Yearly Income: _____ Family Size: _____

Reason for Sliding Fee Scale: _____

Effective Dates: _____ Co-pay Percentage: _____

Most Common Services and Co-pays:

Mental Health Intake 90791- _____

Therapy 20-30 min. 90832-_____

Therapy 30-60 min. 90806-_____

Therapy 60+ min. 90808-_____

Family session w/client 90847-_____

Family session w/o client 90846-_____

Group Session 90853-_____

Therapeutic Injection 96372-_____

Medication Management ~20m 99213-_____

Medication Management ~30m 99214-_____

Medication Management ~45m 99215- _____

Initial Psychiatric Eval 90792-_____

Initial Primary Care Visit 99204- _____

I understand and have received a copy of my sliding fee scale evaluation. I understand that there may be additional service types I could be billed for, depending on what my provider deems medically necessary. I may ask about additional charges prior to services being delivered. I am aware that my co-payment is due at time of service.

_____ _____

Client Signature Date

_____ _____

Witness Signature Date

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Sliding Fee Scale Instructions:

Date: Fill in the date the form is completed
Client Name: The name of the client who is applying for sliding fee scale billing
Client Credible ID: The medical record number of the client, will be filled out by agency staff
Gross Yearly Income: Total pre-tax income according to tax statements, paystubs and other sources of income. Include income for all persons in the household. This number might be based on monthly income multiplied by 12 months. Attach proof of income.
Family Size: The number of people in the household that contribute to or are dependent on the income above
Reason for Sliding Fee Scale: Brief description of why sliding fee scale is being utilized
Effective Dates: The span the sliding fee scale will be utilized- the start date is the date of the application, end date is one year from the start date. The agreement will be renewed annually.
Co-pay Percentage/Amount: This number is found by cross referencing the Sliding Fee Schedule- utilize the Gross Yearly Income and the Family Size number above to calculate.
Most common services and co-pays: This will be calculated by agency staff according to the co-pay percentage/amount and the current Maryland Physician Fee Schedule for the appropriate CPT code for services to be provided.
Signatures: The sliding fee scale worksheet will be signed by the client and the agency staff assisting with completion.
Documentation: A copy of the signed sliding fee scale worksheet will be provided to the client and attached to the electronic medical record of the client.
Payment for Services: Payment for services will be made by the client or their guarantor to the agency according to the sliding fee scale agreement upon billing of services.

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