

# Jackson Hole Community Counseling Center - Sliding Scale Fee (SSF) Schedule

Size of Household						
Income (Annual)	1	2	3	4	5	6+
<b>0 - 12,140</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
12,141 - 12,999	5.00	5.00	4.00	2.00	1.00	1.00
<b>13,000-14,999</b>	<b>10.00</b>	<b>9.00</b>	<b>5.00</b>	<b>3.00</b>	<b>2.00</b>	<b>1.00</b>
15,000-16,999	15.00	13.50	12.00	5.00	4.00	2.00
<b>17,000-19,999</b>	<b>15.00</b>	<b>15.00</b>	<b>13.00</b>	<b>10.00</b>	<b>5.00</b>	<b>3.00</b>
20,000-22,999	30.00	25.00	22.00	17.00	15.00	10.00
<b>23,000-24,999</b>	<b>30.00</b>	<b>28.00</b>	<b>25.00</b>	<b>22.00</b>	<b>20.00</b>	<b>15.00</b>
25,000-26,999	30.00	29.00	27.00	25.00	23.00	20.00
<b>27,000-28,999</b>	<b>30.00</b>	<b>30.00</b>	<b>28.00</b>	<b>26.00</b>	<b>25.00</b>	<b>23.00</b>
29,000-30,999	45.00	42.00	40.00	35.00	30.00	25.00
<b>31,000-32,999</b>	<b>45.00</b>	<b>42.00</b>	<b>42.00</b>	<b>40.00</b>	<b>35.00</b>	<b>27.00</b>
33,000-34,999	45.00	42.00	42.00	40.00	35.00	30.00
<b>35,000-36,999</b>	<b>45.00</b>	<b>42.00</b>	<b>42.00</b>	<b>40.00</b>	<b>37.00</b>	<b>32.00</b>
37,000-38,999	45.00	45.00	42.00	45.00	42.00	35.00
<b>39,000-39,999</b>	<b>45.00</b>	<b>45.00</b>	<b>45.00</b>	<b>45.00</b>	<b>42.00</b>	<b>40.00</b>
40,000-49,999	60.00	60.00	60.00	55.00	50.00	45.00
<b>50,000-59,999</b>	<b>75.00</b>	<b>75.00</b>	<b>75.00</b>	<b>75.00</b>	<b>75.00</b>	<b>50.00</b>
60,000-69,999	90.00	90.00	90.00	90.00	90.00	90.00
<b>70,000-79,000</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>
80,000-89,999	110.00	100.00	100.00	100.00	100.00	100.00
<b>90,000-99,999</b>	<b>115.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>
99,999 +	120.00	100.00	100.00	100.00	100.00	100.00

- Payment of your SSF or your portion of the insurance fee is expected at the time of service.
- The sliding scale fee (SSF) applies only to regular outpatient services. It does not apply to psychological testing, evaluation services and Court ordered assessments which are billed on a separate fee schedule.
- The SSF is per hour based on reported gross family income for individual therapy.
- Group therapy is charged at half the individual therapy hourly rate.
- Psychiatric services are double the SSF up to a maximum of \$120.
- Many mental health services are covered by commercial insurance. JHCCC bills insurance at our usual and customary rates. You may be required to pay an insurance co-payment fee; however, it will not exceed your fee on the sliding scale. Any services not covered by third- party payment will be charged to your account according to the SSF. If you are covered by Medicaid or Medicare, you will not be charged a co-payment, but may be charged personally, on the sliding fee scale, for services not covered by those insurance programs. The Chips program has required co-pays which you are responsible for.
- It is your obligation to inform the receptionist if you have insurance that you wish to use for billing and when there are changes to your insurance status.
- If your health insurance requires pre-authorization for services, it is your responsibility to coordinate this with your insurance company. JHCCC will be glad to assist with any information that may be required by your insurance. A Full SSF may be charged until all preauthorization requirements are satisfied.
- A collection agency may be utilized to collect overdue accounts.
- Parents are responsible for fees associated with the treatment of their child. The parent or guardian signing this document will be considered the responsible party unless court documents are produced (within 10 days) indicating otherwise.
- In the event of third-party contracts (DFS, DVR, EAP etc.) you will be responsible for the SSF until all documentation or referral verification is received. Sliding Fee amounts are not available to organizations or entities.