Sliding Scale Fee Policy & Agreement

Reduced self pay fees set by household size and income: one written rule for every client

Full fee first · tiers from the current HHS poverty guidelines · reviewed on a set date

Practice and full fee

Practice name _____ Clinician and license _____ Full fee per session ($) _____

1. Fee tiers by household size and yearly income before tax

Poverty guideline year _____ Column used (48 states and DC, Alaska, Hawaii) _____

Tier	% of guideline	1 person	2	3	4	5	6 persons	Fee
Tier 1	up to 150%							
Tier 2	151% to 200%							
Tier 3	201% to 300%							
Tier 4	301% to 400%							
Full fee	above 400%							

2. Income check, services covered and places

Income: ☐ Self attestation ☐ Documents on request ☐ Documents required

Covers: ☐ Intake session ☐ Individual ☐ Couples or family ☐ Group

Sliding scale places held _____ When places are full _____ Review every (months) _____ Notice of fee change (days) _____

Household definition, minors and couples, exceptions _____

Please read before signing

Self pay: The sliding scale applies to fees I pay myself. If I use insurance, my plan's copay, coinsurance and deductible apply instead.

Medicare: If the practice bills Medicare for my care, coinsurance is not waived as a routine discount.

Estimate and receipts: My Good Faith Estimate, receipts and any superbill show the sliding scale fee I actually pay.

Changes: I will report income or household changes. A new fee starts only after the written notice above.

3. Self attestation and agreement

People in household _____ Yearly household income before tax ($) _____ Tier and % of guideline _____

I confirm this is true to the best of my knowledge and I will report changes.

Fee per session ($) _____ Effective date _____ Next review _____ Estimate issued at this fee _____

Client name and signature _____ Date _____

Clinician name, credentials and signature _____ Date _____

Office use: policy version _____ slot ___ of ___ copy given ☐ review diaried ☐

Template to adapt. Not legal, billing or tax advice. Update poverty guideline figures each January.
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Reduced self pay fees set by household size and income: one written rule for every client

FILLED EXAMPLE · fictional practice, clinician and client; 2026 HHS figures, 48 states and DC

Practice and full fee

Practice name	Clinician and license	Full fee per session ($)
Lantern Oak Counseling (fictional)	M. Castillo, LCSW, LCSW-00000 (ex.)	$150

1. Fee tiers by household size and yearly income before tax

Poverty guideline year: 2026

Column used (48 states and DC, Alaska, Hawaii): 48 contiguous states and DC

Tier	% of guideline	1 person	2	3	4	5	6 persons	Fee
Tier 1	up to 150%	$23,940	$32,460	$40,980	$49,500	$58,020	$66,540	$60
Tier 2	151% to 200%	$31,920	$43,280	$54,640	$66,000	$77,360	$88,720	$80
Tier 3	201% to 300%	$47,880	$64,920	$81,960	$99,000	$116,040	$133,080	$100
Tier 4	301% to 400%	$63,840	$86,560	$109,280	$132,000	$154,720	$177,440	$125
Full fee	above 400%	above	above	above	above	above	above	$150

2. Income check, services covered and places

Income: ☑ Self attestation ☑ Documents on request ☐ Documents required

Covers: ☑ Intake session ☑ Individual ☑ Couples or family ☐ Group

Sliding scale places held	When places are full	Review every (months)	Notice of fee change (days)
4	Waitlist in order; low fee referrals	6	30

Household definition, minors and couples, exceptions: Lives with or supported by you; minors: guardian's income; exceptions noted

Please read before signing

Self pay: The sliding scale applies to fees I pay myself. If I use insurance, my plan's copay, coinsurance and deductible apply instead.

Medicare: If the practice bills Medicare for my care, coinsurance is not waived as a routine discount.

Estimate and receipts: My Good Faith Estimate, receipts and any superbill show the sliding scale fee I actually pay.

Changes: I will report income or household changes. A new fee starts only after the written notice above.

3. Self attestation and agreement

People in household	Yearly household income before tax ($)	Tier and % of guideline
2	About $38,500	Tier 2, about 178%

I confirm this is true to the best of my knowledge and I will report changes.

Fee per session ($)	Effective date	Next review	Estimate issued at this fee
$80	11/09/2026	05/2027	Yes, 11/09/2026

Client name and signature: Avery K. (fictional) — Date: 11/09/2026

Clinician name, credentials and signature: M. Castillo, LCSW — Date: 11/09/2026

Office use: copy sent via portal 11/09/2026 · slot 3 of 4 · policy version 2026-01

Template to adapt. Not legal, billing or tax advice. Update poverty guideline figures each January.

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Before You Adopt: Checklist

Ten checks before you use the sliding scale, plus a log of every place and review

Before you adopt

- [ ] 1. Payer contracts, Medicare and Medicaid rules checked.
- [ ] 2. Cost per clinical hour known; yearly reduced fee budget set.
- [ ] 3. Number of sliding scale places fixed; waitlist rule written.
- [ ] 4. Tiers built from this year's HHS guidelines (right column).
- [ ] 5. Household and income defined, incl. minors and couples.
- [ ] 6. One income check method, used for every client.
- [ ] 7. Review interval, duty to report and notice period stated.
- [ ] 8. No routine copay waivers; Medicare hardship only case by case.
- [ ] 9. Estimate, receipts and superbills show the fee actually paid.
- [ ] 10. Signed at intake, copy given, review diaried; table updated in Jan.

Sliding scale slot and review log: one row per place or review

Slot no.	Client / code	Start date	Tier and fee	Check method	Review due	Outcome / new fee	Initials
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Check method: SA self attestation, DR document reviewed (note which, keep no copy without a reason). Waitlist: offer the next open place in order; current clients whose income drops come first. Update the tier table each January.

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