

Sliding Fee Discount Application

If you wish to qualify for the sliding fee, you MUST show proof of income for all family members or individuals living in your household or responsible for whom you are financially responsible. If you do not have any source of income, please speak with a staff member. Applicants should provide a copy of either:

Two consecutive pay stubs for each employed adult age 18 and over living in the household, or living outside the household but for whom the household is financially responsible.

Previous year's tax return or W-2 for each adult living in the household or for whom the household is financially responsible (income will come from Gross Income line on respective tax return).

Name: _____

Date of Birth: _____

Family Size: _____
(# of family members living in your household)

List name(s) and date(s) of birth family members/individuals living in your household or individuals for whom you are financially responsible.

Address: _____

Phone: _____

Do you have insurance? YES NO
If yes, please provide Medical plan name: _____

Signature of patient or responsible party _____

Determining Eligibility

Livewell Behavioral Health Counseling Center is able to offer a discount on services based on a household's income and size. Sliding fee calculations are determined by using Federal Income Tax Forms, W-2, or last two consecutive pay stubs. The staff at LBH then uses the table on the inside of this brochure to determine your eligibility.

Your household discount will be assessed on a yearly basis.

If you have any questions, please contact the LBH Billing Department at (559) 484-2021 or email spowell@livewellbhc.com

Return completed application to:
1300 E. Shaw Ave Suite 172
Fresno, CA 93710

TO BE COMPLETED BY LBH STAFF

Annual Gross Income \$ _____

Patient is eligible for sliding fee discount in category _____

- Proof of income verified.
- Patient refused to complete.
- Patient does not qualify for sliding fee.

Verified by _____

Date _____

LBH Sliding Fee



Providing sound therapeutic services to the behaviorally, emotionally, and spiritually challenged

Sliding Fee Discount

Sliding Fee Scale

(Based on Federal Register 2017 - Poverty Income Guidelines)

Annual 2017 Poverty Guidelines for the 48 Contiguous States

Household/ Family Size	Income Measure	Category 0	Category 1	Category 2	Category 3	Category 4
% of Federal Poverty Income Guidelines		<i>Up to 100%</i>	<i>100.01% - 149.99%</i>	<i>150.00% - 174.99%</i>	<i>175.00% - 200.00%</i>	<i>200.01%+</i>
		<i>0%</i>	<i>20%</i>	<i>60%</i>	<i>80%</i>	<i>100%</i>
1	Annual Monthly	\$0 - \$12,060 \$0 - \$1,005	\$12,061 - \$18,089 \$1,006 - \$1,507	\$18,090 - \$21,104 \$1,508 - \$1,759	\$21,105 - \$24,120 \$1,760 - \$2,010	\$24,121 + \$2,011 +
2	Annual Monthly	\$0 - \$16,240 \$0 - \$1,353	\$16,241 - \$24,358 \$1,354 - \$2,029	\$24,359 - \$28,418 \$2,030 - \$2,368	\$28,419 - \$32,480 \$2,369 - \$2,706	\$32,481 + \$2,707 +
3	Annual Monthly	\$0 - \$20,420 \$0 - \$1,702	\$20,421 - \$30,628 \$1,703 - \$2,553	\$30,629 - \$35,733 \$2,554 - \$2,978	\$35,734 - \$40,840 \$2,979 - \$3,404	\$40,841 + \$3,405 +
4	Annual Monthly	\$0 - \$24,600 \$0 - \$2,050	\$24,601 - \$36,898 \$2,501 - \$3,075	\$36,899 - \$43,048 \$3,076 - \$3,587	\$43,049 - \$49,200 \$3,588 - \$4,100	\$49,201 + \$4,101 +
5	Annual Monthly	\$0 - \$28,780 \$0 - \$2,398	\$28,781 - \$43,167 \$2,399 - \$3,587	\$43,168 - \$50,362 \$3,598 - \$4,196	\$50,363 - \$57,560 \$4,197 - \$4,796	\$57,561 + \$4,797 +
6	Annual Monthly	\$0 - \$32,960 \$0 - \$2,747	\$32,961 - \$49,437 2,748 - \$4,120	\$49,438 - \$57,677 \$4,121 - \$4,807	\$57,678 - \$65,920 \$4,808 - \$5,494	\$65,921 + \$5,495 +
7	Annual Monthly	\$0 - \$37,140 \$0 - \$3,095	\$37,141 - \$55,706 \$3,095 - \$4,642	\$55,707 - \$64,991 \$4,643 - \$5,416	\$64,992 - \$74,280 \$5,417 - \$6,190	\$74,281 + \$6,191 +
8	Annual Monthly	\$0 - \$41,320 \$0 - \$3,443	\$41,321 - \$61,976 \$3,444 - \$5,164	\$61,977 - \$72,306 \$5,165 - \$6,025	\$72,307 - \$82,640 \$6,026 - \$6,886	\$82,641 + \$6,887 +
*each additional family member		+\$4,180 A / \$348 M	+\$4,180 A / \$348 M	+\$6,270 A / \$523 M	+\$7,315 A / \$610 M	+\$8,360 A / \$697 M