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Sliding Scale Fee Policy

Livewell Behavioral Health Counseling Center accepts all clients, regardless of their insurance status or ability to pay. We offer our therapeutic services on a Sliding Fee Scale to all income-eligible uninsured or underinsured patients, based on annual household income. Income guidelines and acceptable verification for the Sliding Fee Scale are listed below.

For additional questions, please contact us at (559) 554-9710 or info@livewellbhc.com.

How do I qualify?

To qualify for the Sliding Fee Scale, you MUST show proof of gross annual income for all immediate family members living in your household. Gross income is ALL income from ALL sources before taxes. Applicants should provide a copy of any of the accepted income verification materials listed below.

Acceptable Income Verification

- Recent Federal Tax Return
- IRS Form W-2 or 1099
- Two (2) Current Pay Stubs
- CalWORKs Income Verification Form (WHIZ Report) or unemployment verification

How do I get started?

To begin the Sliding Fee Scale application process, simply download the application, complete it, and take it with you to your next scheduled visit.

Livewell accepts all Medi-Cal, as well as most major insurances. The Sliding Fee Scale is in place to meet the needs of the uninsured or underinsured, providing reduced costs on most services for those who qualify.

No one will be denied access to services at Livewell Behavioral Health Counseling Center, as services are offered regardless of insurance status or ability to pay.

Application

It is the policy of Livewell Behavioral Health Counseling Center to provide essential services regardless of the patient's ability to pay. Livewell offers discounts based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not court ordered services or classes. You must complete this form every 6 months or if your financial situation changes.

Name:		
Address:		City:
State:	Zip:	Phone:

Please list all household members, including those under 18.

	Name	Date of Birth
Self:		
Other:		
Other:		
Other:		
Other:		

Source	Self	Other	Total
Gross Wages, Salary, Tips			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Total Income			

I certify that my family size and income shown above is correct.

Print Name:	
Signature:	Date:

Office Use Only

Approved Name: _____

Approved Discount: _____

Approved by: _____

Date approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Sliding Scale Fee Schedule

*Based on the 2021 Federal Poverty Guidelines

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$12,880	14,168	15,456	16,744	18,032	19,320	20,608	21,896	23,184	24,472	25,760	25,761+
2	\$17,420	19,162	20,904	22,646	24,388	26,130	27,872	29,614	31,356	33,098	34,840	34,841+
3	\$21,960	24,156	26,352	28,548	30,744	32,940	35,136	37,332	39,528	41,724	43,920	43,921+
4	\$26,500	29,150	31,800	34,450	37,100	39,750	42,400	45,050	47,700	50,350	53,000	53,001+
5	\$31,040	34,144	37,248	40,352	43,456	46,560	49,664	52,768	55,872	58,976	62,080	62,081+
6	\$35,580	39,138	42,696	46,254	49,812	53,370	56,928	60,486	64,044	67,602	71,160	71,161+
7	\$40,120	44,132	48,144	52,156	56,168	60,180	64,192	68,204	72,216	76,228	80,240	80,241+
8	\$44,660	49,126	53,592	58,058	62,524	66,990	71,456	75,922	80,388	84,854	89,320	89,321
For each additional person, add	\$4,540	4,994	5,448	5,902	6,356	6,810	7,264	7,718	8,172	8,626	9,080	9,080