

Wellness Matters LLC SLIDING FEE DISCOUNT APPLICATION

Wellness Matters LLC Policy Sliding Fee Discount Program – ATTACHMENT A

Date: _____

Name: _____
Please print

Phone: _____

Address: _____

Place of Employment: _____

Sliding Fee Discount Program Information:

It is the policy of Wellness Matters, LLC to provide discounted services to those in need. Wellness Matters LLC offers discounts based on family size and annual income. Please complete the following information and return to Wellness Matters staff in order to determine if you or members of your family are eligible for the discount program.

Note: "Family" is defined as a group of two people or more (one of who is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Wellness Matters LLC will also accept non-related household members when calculating family size.

Please list spouse, partner and all dependents under the age of 18 with whom you are living:

Name	Date of Birth	Name	Date Of Birth
Self:		Spouse/Partner:	
Dependent:		Dependent:	
Dependent:		Dependent:	
Dependent:		Dependent:	
Dependent:		Dependent:	

INCOME SOURCE	SELF Name:	SPOUSE/ PARTNER Name:	OTHER Name:	OTHER Name:	TOTAL
Gross wages, salaries, tips, etc. (Include the name of the source)					
1.					
2.					
3.					
Income from business, self-employment and dependents					
1.					
2.					

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INCOME SOURCE CONTINUED	Name:	Name:	Name:	Name:	Name:
Unemployment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veteran payments, survivor benefits, (Include the name of the source) 1. 2.					
Pension and Retirement (Include the name of the source) 1. 2.					
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and any miscellaneous income (Include the name of the source) 1. 2.					
TOTAL:					

*Please attach copies of prior year W-2 forms or tax returns, two most recent pay stubs and two most recent bank account statements from ALL bank accounts.

Renewal Applications: A client who receives discounted services under this policy is required to submit an updated application at least every 12 months or if their financial situations.

I certify that family size and income information shown above is true and correct:

Name: _____ Date: _____
Please print

Signature: _____

OFFICE USE ONLY

Received by: _____ Date: _____

Circle documents received: Prior Year W-2(s) Two most recent Pay Stubs Bank Account Statement(s)
Social Security/Supplemental Security Income Verification/Award Letter(s)
Most recent three months of income and expenses for self-employed business owners

Self-Pay and Sliding Fee Schedule Information
 WM Policy Sliding Fee Discount Program – POLICY ATTACHMENT B

SERVICE	CPT CODE	*Wellness Matters Regular Rate	**Wellness Matters Self-pay Rate
Mental Health (MH) Diagnostic Assessment	90791	\$300	\$200
53-60 Minute MH Therapy Session	90837	\$250	\$150
38-52 Minute MH Therapy Session	90834	\$185	\$112.50
16-37 Minute MH Therapy Session	90832	\$125	\$75
Interactive Complexity (EMDR, Trauma Therapy, Etc..)	90785	\$75	\$20
Group Therapy	90853	\$50	\$35
Family/Couples MH Therapy Session (Client not present)	90846	\$250	\$200
Family/Couples MH Therapy Session (Client present)	90847	\$250	\$200

*Billing Insurance: Insurance information is requested at the time of intake. Clients must notify Wellness Matters of insurance, presenting new insurance cards as applicable. As a courtesy, Wellness Matters will bill the insurance companies the “regular rate” noted above. Wellness Matters neither implies nor guarantees that such reimbursement requests will be honored by the insurance companies.

**Self-Pay Clients: Wellness Matters has a discounted “Self-pay Rate” for those who do not want to bill insurance, don’t have insurance, or who do not meet the guidelines for a discounted sliding fee rate. For clients interested in coaching services rather than therapy, the “coaching” rate is the same as the “Self-Pay Rate”.

Sliding Fee Scale for Uninsured or Under-insured Clients

Wellness Matters recognizes that employment benefits may not include health insurance; purchasing it on the open market can be a barrier. To make services affordable to uninsured or under-insured clients, significant discounts are available when household income is verified to be less than or equal to 200% of the Federal Poverty Guidelines (FPG). Eligibility is based on a properly completed Sliding Fee Discount application, a review of income documentation and verification of household income and family size. The Sliding Fee Discount application may be obtained from Wellness Matters staff.

Upon receipt of the completed Sliding Fee Discount application and required income documentation, Wellness Matters staff will review the information to determine where the applicant’s household income falls on the Federal Poverty Guideline chart. If it is determined that household income is less than or equal to 200% of the FPG, you will be eligible for discounts on most services.

How do I determine if I might be eligible for the Sliding Fee Discount?

To be eligible, clients must show proof of gross income for all immediate family members living in the client’s household. Gross income is all income from all sources before taxes. Please contact Wellness Matters staff for a Sliding Fee Discount Application if you believe you may qualify AND you do not have insurance.

Self-Pay and Sliding Fee Schedule Information
WM Policy Sliding Fee Discount Program – ATTACHMENT B

Household Family Size	2024 Federal Poverty Level for the 48 Contiguous States (Annual Income)				
	100%	133%	138%	150%	200%
1	\$15,060	\$20,030	\$20,783	\$22,590	\$30,120
2	\$20,440	\$27,185	\$28,207	\$30,660	\$40,880
3	\$25,820	\$34,341	\$35,632	\$38,730	\$51,640
4	\$31,200	\$41,496	\$43,056	\$46,800	\$62,400
5	\$36,580	\$48,651	\$50,480	\$54,870	\$73,160
6	\$41,960	\$55,807	\$57,905	\$62,940	\$83,920
7	\$47,340	\$62,962	\$65,329	\$71,010	\$94,680
8	\$52,720	\$70,118	\$72,754	\$79,080	\$105,440
Each person over 8, add	\$5,380	\$7,155.40	\$7,424.40	\$8,070	\$10,760

Self-pay patients who are approved for a discounted fee will have a debit or credit card on file that will automatically be charged the same day of service.