

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

Poverty Level*	125%	126%-200%	201%-300%
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Discount

Family Size	100% Discount	85% Discount	75% Discount
1	\$15,950	\$25,520	\$38,280
2	\$21,550	\$34,480	\$51,720
3	\$27,150	\$43,440	\$65,160
4	\$32,750	\$52,400	\$78,600
5	\$38,350	\$61,360	\$92,040
6	\$43,950	\$70,320	\$105,480
7	\$49,550	\$79,280	\$118,920
8	\$55,150	\$88,240	\$132,360

Based on 2020 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

Typical Amount Owed

Service Provided	100% Discount	85% Discount	75% Discount
Psychiatric Evaluation	\$0	\$36.90	\$61.50
Psychiatric Follow-up	\$0	\$23.06	\$38.44
Individual Therapy	\$0	\$29.93	\$49.88
Group Therapy	\$0	\$18.08	\$30.13