

**WESTERN ARKANSAS COUNSELING & GUIDANCE CENTER
SLIDING FEE SCALE**

Fee Rate	Nominal Fee of \$10.00	25%	50%	75%	90%	100%	Title XX
Poverty Rate:	100%	125%	150%	175%	200%	>200%	
Household Size	Annual Income Level						
1	15,650	19,563	23,475	27,388	31,300	31,301	12,018
2	21,150	26,438	31,725	37,013	42,300	42,301	15,716
3	26,650	33,313	39,975	46,638	53,300	53,301	19,414
4	32,150	40,188	48,225	56,263	64,300	64,301	23,112
5	37,650	47,063	56,475	65,888	75,300	75,301	26,810
6	43,150	53,938	64,725	75,513	86,300	86,301	30,508
7	48,650	60,813	72,975	85,138	97,300	97,301	31,201
8	54,150	67,688	81,225	94,763	108,300	108,301	31,895
Ea. Add'l	5,500	6,875	8,250	9,625	11,000	11,000	694

Proof of Income/No Income - Homelessness, Unemployment, Displacement (Refugees), etc.

The column on the right is for Title XX eligibility. If a client's verified income falls within the far right's limits, consider requesting the client be signed up for Title XX. Because of the limited amount of funds we receive for XX, each client will be limited to one four month period of service. It is expected that the clinical staff will do everything to help each client get the services that he/she can afford, to include one, two, or three unit sessions. Clients who do not have any type of insurance, after the four-month period is over, are not denied services regardless of inability to provide verification of income and/or the inability to pay. Clients who do not have any source of income must sign a No Income Statement. Therapeutic Counseling Services are available to clients without insurance.

Service:

	Intake/Testing	Individual / Family		
		60 Minutes	45 Minutes	30 Minutes
100%	\$ 140.00	\$ 100.00	\$ 75.00	\$ 50.00
90%	\$ 126.00	\$ 90.00	\$ 67.50	\$ 45.00
75%	\$ 105.00	\$ 75.00	\$ 56.25	\$ 37.50
50%	\$ 70.00	\$ 50.00	\$ 37.50	\$ 25.00
25%	\$ 35.00	\$ 25.00	\$ 18.75	\$ 12.50

Group Therapy:

	60 Min.
100%	\$ 60.00
90%	\$ 54.00
75%	\$ 45.00
50%	\$ 30.00
25%	\$ 15.00

Medical Services

Doctors	Intake	Med Check
100%	\$ 240.00	\$ 120.00
90%	\$ 216.00	\$ 108.00
75%	\$ 180.00	\$ 90.00
50%	\$ 120.00	\$ 60.00
25%	\$ 60.00	\$ 30.00
APRNs	Intake	Med Check
100%	\$ 200.00	\$ 100.00
90%	\$ 180.00	\$ 90.00
75%	\$ 150.00	\$ 75.00
50%	\$ 100.00	\$ 50.00
25%	\$ 50.00	\$ 25.00