



SLIDING FEE SCALE

FAMILY SIZE	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
	<= 100% FPL	101%-150% FPL	151%-175% FPL	176%-200% FPL
1	\$0-\$15,060	\$15,061-\$22,590	\$22,591-\$26,355	\$26,356-\$30,120
2	\$0-\$20,440	\$20,441-\$30,660	\$30,661-\$35,770	\$35,771-\$40,880
3	\$-\$25,820	\$25,821-\$38,730	\$38,731-\$45,185	\$45,186-\$51,640
4	\$0-\$31,200	\$31,201-\$46,800	\$46,801-\$54,600	\$54,601-\$62,400
5	\$0-\$36,580	\$36,581-\$54,870	\$54,871-\$64,015	\$64,016-\$73,160
6	\$0-\$41,960	\$41,961-\$62,940	\$62,941-\$73,430	\$73,431-\$83,920
7	\$0-\$47,340	\$47,341-\$71,010	\$71,011-\$82,845	\$82,846-\$94,680
8	\$0-\$52,720	\$52,721-\$79,080	\$79,081-\$92,260	\$92,261-\$105,440

MEDICAL PROVIDER & PSYCHIATRIC VISITS

LEVEL 1	Patient pays \$30 per visit
LEVEL 2	Patient pays \$40 per visit
LEVEL 3	Patient pays \$50 per visit
LEVEL 4	Patient pays \$60 per visit

THERAPY VISITS/THERAPY GROUPS

LEVEL 1	Patient pays \$30 per visit
LEVEL 2	Patient pays \$40 per visit
LEVEL 3	Patient pays \$50 per visit
LEVEL 4	Patient pays \$60 per visit

Patient is responsible for the lesser amount of actual charges from insurance or sliding fee scale.

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