



**HORIZONS**  
MENTAL HEALTH CENTER

A Member of the Hutchinson Regional Healthcare Family

**Financial Policy &  
Treatment Fees**

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**Financial Policies**

Thank you for choosing Horizons Mental Health Center. We are committed to the success of your treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly asked financial and office policy questions below. If you need further information about any of these policies, our Care Coordinators will be more than happy to answer any questions.

**How May I Pay?**

We accept payment by cash, check, VISA, MasterCard or Discover.

**What Is My Financial Responsibility for Services?**

You will be financially responsible for all co-pays at the time of service. Follow up appointments will not be scheduled until co-pays are received. If you do not have insurance you may apply for placement on our Sliding Fee Scale program. We will also help you set up a payment plan for the services you receive.

**What is the Sliding Fee Scale?**

The Sliding Fee Scale is for consumers without insurance to allow them to receive services at a discounted rate based on income. The Sliding Fee Scale is a fee discount based upon household income and family size. Please refer to the table below. You will be asked to pay a co-payment at each visit based on the percentage of discount awarded. You will then be billed monthly for any remaining part of the fee. Your eligibility for the Sliding Fee Scale will be reevaluated each year or whenever there is a change to the consumer's insurance coverage or change in eligibility. Please note that psychological testing service fees are not eligible for the Sliding Fee discount.

**Sliding Fee Discount Matrix - 2019**

Family Unit Size	At or Below 100% NPG	125% NPG	150% NPG	175% NPG	200% NPG	Above 200% NPG
	Client Responsibility - Annual Income Thresholds					
	5%	20%	40%	60%	80%	100%
1	12,490	15,613	18,735	21,858	24,980	> \$24980
2	16,910	21,138	25,365	29,593	33,820	> \$33820
3	21,330	26,663	31,995	37,328	42,660	> \$42660
4	25,750	32,188	38,625	45,063	51,500	> \$51500
5	30,170	37,713	45,255	52,798	60,340	> \$60340
6	34,590	43,238	51,885	60,533	69,180	> \$69180
7	39,010	48,763	58,515	68,268	78,020	> \$78020
8	43,430	54,288	65,145	76,003	86,860	> \$86860
For each additional person, add	4,420	5,525	6,630	7,735	8,840	> \$8840

NOTE: Based on 2019 Federal Poverty Guidelines

### How is household income verified?

Household income verification is required to qualify for the Sliding Fee Scale and can be verified by an Income Tax Return, pay stub, W-2 or statements from SRS or Social Security regarding any assistance you may be receiving. You will have 30 days to provide proof of income. If you do not provide proof of income within 30 days, **all** charges for service will be based on Full Fee.

### What if my insurance doesn't pay?

The Care Coordinator will discuss with you what part of our services will be covered by your insurance and what will be your responsibility. A business office representative can work with you to develop a payment plan for the portion of charges that will be your responsibility.

### What if I don't make payments on my account?

All consumers are expected to make a good-faith effort to pay on their account monthly. If, however, there are no payments in a 90-day period of time, your account will be turned to a collection agency and/or the Kansas Set-Off Program for collection.

### Typical Fees

Our fees are subject to change at any time. However, typical charges for the following services are listed below:

- Admission Intake \$198
- Individual Therapy \$98-\$212
- Family Therapy \$155
- Psychotherapy Group \$43
- Psychological Testing \$150 per hour – must be paid in advance
- Medication Evaluation \$200
- Medication Check \$60 - \$175
- Substance Abuse Services
  - Individual Therapy \$98-\$212
  - Psychotherapy Group \$43