

## FINANCIAL INFORMATION PAYING FOR SERVICES

Thank you for choosing Horizons Mental Health Center! We are committed to the success of your treatment and care!

For your convenience, we have answered a variety of commonly asked questions about paying for services.

### **HOW CAN I PAY?**

We accept payment by cash, check, VISA, MasterCard or Discover. You may also pay your bill online.

### **WHAT IS MY RESPONSIBILITY FOR PAYING FOR SERVICES?**

If you have insurance, it is your responsibility to pay insurance co-pays at the time services are provided. If you do not have insurance you may apply for 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 who do not have insurance or you receive services not covered by insurance. It allows you to receive services at a discounted rate based on your household income and family size. You will be asked to pay a co-payment at each visit based on the percentage of discount awarded. You will be billed monthly for any remaining part of the fee. Eligibility for the Sliding Fee Scale will be evaluated every year or whenever there is a change to your insurance coverage or a change in eligibility. **Psychological testing services are not eligible for the Sliding Fee Discount.**

### **HOW IS HOUSEHOLD INCOME VERIFIED?**

Household income verification is required to qualify for the Sliding Fee Scale. Income 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. If you do not provide proof of income within 30 days, all service charges will be based on the full fee amount. If you are having difficulty with obtaining this information or need help filling out the Sliding Fee Scale, please contact the business office or talk to one of your care providers for help.

### **WHAT IF MY INSURANCE DOESN'T COVER OR PAY FOR THE SERVICES?**

If you are concerned about whether or not your insurance will cover the services, please contact the business office for assistance. If your insurance will not cover the services, you can apply for our Sliding Fee Scale program. If you have an insurance deductible or you choose to see a provider who is not part of your insurance coverage, a business office representative will work with you to develop a payment plan for your portion of the charges.

### **WHAT IF I DO NOT MAKE PAYMENTS ON MY ACCOUNT?**

All consumers are expected to make a good-faith effort to pay on their account monthly. If there are no payments on the account for 90 days, your account may be turned to a collection agency and/or the Kansas Set-Off Program for collection. Please reach out to our business office if you know you are not going to be able to make a payment for 90 days and they will discuss your options to avoid collections. Your care provider(s) can also help connect you with someone to work with you.

## **HORIZONS MENTAL HEALTH CENTER FEES**

Current fees are listed below. Fees are subject to change at any time.

- Admission Evaluation (intake) - \$198
- Individual Therapy - \$108-\$233
- Family Therapy - \$155
- Psychotherapy Group - \$43
- Psychological Testing & Interpretation - \$150 - \$200 per hour (must be paid in advance)
- Medication Evaluation (first visit) - \$220
- Medication follow-up visits - \$60-\$193
- Substance Abuse Services:
  - Initial Evaluation (KCPC) - \$198
  - Individual Therapy - \$88-\$130
  - Psychotherapy Group - \$34
- Community Psychiatric Support & Treatment (CPST) - \$128 per hour
- Peer Support - \$62 per hour

## **SLIDING FEE DISCOUNT CHART – 2025**

	<b>At or Below</b>					<b>Above</b>
	<b>100% NPG</b>	<b>125% NPG</b>	<b>150% NPG</b>	<b>175% NPG</b>	<b>200% NPG</b>	<b>200% NPG</b>
<b>Family Unit Size</b>	<b>Client Responsibility - Annual Income Thresholds</b>					
	<b>5%</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>80%</b>	<b>100%</b>
<b>1</b>	15,650	19,563	23,475	27,388	31,300	> \$31300
<b>2</b>	21,150	26,438	31,725	37,013	42,300	> \$42300
<b>3</b>	26,650	33,313	39,975	46,638	53,300	> \$53300
<b>4</b>	32,150	40,188	48,225	56,263	64,300	> \$64300
<b>5</b>	37,650	47,063	56,475	65,888	75,300	> \$75300
<b>6</b>	43,150	53,938	64,725	75,513	86,300	> \$86300
<b>7</b>	48,650	60,813	72,975	85,138	97,300	> \$97300
<b>8</b>	54,150	67,688	81,225	94,763	108,300	> \$108300
<b>For each additional person, add</b>	5,500	6,875	8,250	9,625	11,000	> \$11000

NOTE: Based on 2025 Federal Poverty Guidelines