

Family Service League				
Behavioral Health Clinics - Self Pay, Sliding-Scale Pricing				
Sliding Scale Tiers are determined by household income compared to US federal poverty rates				
Service	Charge	Accumed Tier 1	Accumed Tier 2	Accumed Tier 3
	reduction %	50%	70%	75%
Intake	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00
Individual Therapy (30 mins)	\$ 75.00	\$ 37.00	\$ 56.00	\$ 63.00
Individual Therapy (40 mins)	\$ 100.00	\$ 50.00	\$ 75.00	\$ 85.00
Famiy Therapy (60 mins)	\$ 200.00	\$ 100.00	\$ 150.00	\$ 170.00
Collateral without Patient	\$ 100.00	\$ 50.00	\$ 75.00	\$ 85.00
Group Therapy (60 mins)	\$ 50.00	\$ 25.00	\$ 37.00	\$ 42.00
IOP Group (180 mins)	\$ 85.00	\$ 42.00	\$ 63.00	\$ 72.00
Psychiatric Evaluation	\$ 125.00	\$ 62.00	\$ 93.00	\$ 106.00
Medication Injection	\$ 30.00	\$ 15.00	\$ 22.00	\$ 25.00
Medication Management	\$ 100.00	\$ 50.00	\$ 75.00	\$ 85.00
Crisis Visit	\$ 60.00	\$ 30.00	\$ 45.00	\$ 51.00

Family Service League				
Clínicas de Salud Conductual - Pago por Cuenta Propia, Precios de Escala Móvil				
Los niveles de escala móvil están determinados por los ingresos del hogar en comparación con las tasas				
Servicio	La Cuota	Accumed Nivel 1	Accumed Nivel 2	Accumed Nivel 3
	reducción %	50%	70%	75%
Proceso de Admisión	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00
Terapia Individual (30 mins)	\$ 75.00	\$ 37.00	\$ 56.00	\$ 63.00
Terapia Individual (40 mins)	\$ 100.00	\$ 50.00	\$ 75.00	\$ 85.00
Terapia de Familia (60 mins)	\$ 200.00	\$ 100.00	\$ 150.00	\$ 170.00
Colateral Sin Paciente	\$ 100.00	\$ 50.00	\$ 75.00	\$ 85.00
Terapia de Grupo (60 mins)	\$ 50.00	\$ 25.00	\$ 37.00	\$ 42.00
Grupo IOP (180 mins)	\$ 85.00	\$ 42.00	\$ 63.00	\$ 72.00
Evaluación Psiquiátrica	\$ 125.00	\$ 62.00	\$ 93.00	\$ 106.00
Inyección de Medicación	\$ 30.00	\$ 15.00	\$ 22.00	\$ 25.00
Manejo de Medicamentos	\$ 100.00	\$ 50.00	\$ 75.00	\$ 85.00
Visita de Crisis	\$ 60.00	\$ 30.00	\$ 45.00	\$ 51.00

2024

Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
<i>For each additional member, add:</i>	\$9,509	\$793	\$397	\$366	\$183

2024

Tamaño de Hogar	Anual	Mensual	Dos Veces al Mes	Bi-Semanal	Semanal
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
<i>Por cada miembro adicional, agrega</i>	\$9,509	\$793	\$397	\$366	\$183