

## Lake Whatcom Sliding Scale

Lake Whatcom Center provides *Outpatient and PCP* (Must be in outpatient program to have PCP services - No PCP only) services to all clients, regardless of their ability. To assist clients who may have difficulty paying, LWC offers a sliding scale discount program for our uninsured and under-insured clients who meet the federal eligibility guidelines. Fees are determined based on income and household size as shown in the chart below.

An application for DSHS/Medicaid coverage must be provided before submission of Sliding Scale Application.

Proof of income is required from/on all household members over the age of 18 to determine which sliding fee scale will be assigned to each client.

### **You must provide at least one of the following:**

- Prior year W-2
- Two most recent pay stubs.
- Letter from employer stating patient's income. LWC would prefer document be on letterhead and must include employer's name, address and phone number.
- Form 1040 or 1040A
- Social security letter for fixed incomes such as social security, disability, pension, etc.
- Most recent unemployment compensation documentation.
- Self-employed are required to submit detail of the most recent 3 months of income and expenses for the business.

If approved, Lake Whatcom Center will notify you of your sliding scale class and a financial agreement will be signed.

\*\*\*Monthly statements will be sent out and if not paid in full within 30 days services will be suspended.

**Lake Whatcom Center Sliding Scale Class Rates (01/01/2022)**

CLASS A

# in HH	YEARLY INCOME	MONTHLY INCOME		STANDARD FEE		TYPE OF SERVICE	CLASS A RATE
1	\$ 12,880	\$ 1,073		\$ 41	/15min	MH Contact	\$ 8
2	\$ 17,420	\$ 1,452		\$ 41	Flat	Med Management / Injection	\$ 8
3	\$ 21,960	\$ 1,830		\$ 55	/15min	Individual Therapy (MA/MS/PHD)	\$ 11
4	\$ 26,500	\$ 2,208		\$ 380	Flat	Psych Service 1st Visit (MD)	\$ 76
5	\$ 31,040	\$ 2,587		\$ 241	Flat	Psych Service 1st Visit (NP/ARNP)	\$ 48
6	\$ 35,580	\$ 2,965		\$ 127	/15min	Psych Service (MD)	\$ 25
7	\$ 40,120	\$ 3,343		\$ 80	/15min	Psych Service (NP/ARNP)	\$ 16
8	\$ 44,660	\$ 3,722		\$ 220	Flat	Intake Assessment (MA/MS/PHD)	\$ 44
				\$ 76	Flat	PCP Office Visit Level 1	\$ 15
				\$ 111	Flat	PCP Office Visit Level 2	\$ 22

CLASS B	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

# in HH	YEARLY INCOME	MONTHLY INCOME		STANDARD FEE		TYPE OF SERVICE	CLASS B RATE
1	\$ 16,100	\$ 1,342		\$ 41	/15min	MH Contact	\$ 16
2	\$ 21,775	\$ 1,815		\$ 41	Flat	Med Management / Injection	\$ 16
3	\$ 27,450	\$ 2,288		\$ 55	/15min	Individual Therapy (MA/MS/PHD)	\$ 22
4	\$ 33,125	\$ 2,760		\$ 380	Flat	Psych Service 1st Visit (MD)	\$ 152
5	\$ 38,800	\$ 3,233		\$ 241	Flat	Psych Service 1st Visit (NP/ARNP)	\$ 96
6	\$ 44,475	\$ 3,706		\$ 127	/15min	Psych Service (MD)	\$ 51
7	\$ 50,150	\$ 4,179		\$ 80	/15min	Psych Service (NP/ARNP)	\$ 32
8	\$ 55,825	\$ 4,652		\$ 220	Flat	Intake Assessment (MA/MS/PHD)	\$ 88
				\$ 76	Flat	PCP Office Visit Level 1	\$ 30
				\$ 111	Flat	PCP Office Visit Level 2	\$ 44

CLASS C	
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# in HH	YEARLY INCOME	MONTHLY INCOME		STANDARD FEE		TYPE OF SERVICE	CLASS C RATE
1	\$ 19,320	\$ 1,610		\$ 41	/15min	MH Contact	\$ 25
2	\$ 26,130	\$ 2,178		\$ 41	Flat	Med Management / Injection	\$ 25
3	\$ 32,940	\$ 2,745		\$ 55	/15min	Individual Therapy (MA/MS/PHD)	\$ 33
4	\$ 39,750	\$ 3,313		\$ 380	Flat	Psych Service 1st Visit (MD)	\$ 228
5	\$ 46,560	\$ 3,880		\$ 241	Flat	Psych Service 1st Visit (NP/ARNP)	\$ 145
6	\$ 53,370	\$ 4,448		\$ 127	/15min	Psych Service (MD)	\$ 76
7	\$ 60,180	\$ 5,015		\$ 80	/15min	Psych Service (NP/ARNP)	\$ 48
8	\$ 66,990	\$ 5,583		\$ 220	Flat	Intake Assessment (MA/MS/PHD)	\$ 132
				\$ 76	Flat	PCP Office Visit Level 1	\$ 46
				\$ 111	Flat	PCP Office Visit Level 2	\$ 67

CLASS D	
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# in HH	YEARLY INCOME	MONTHLY INCOME		STANDARD FEE		TYPE OF SERVICE	CLASS C RATE
1	\$ 22,540	\$ 1,878		\$ 41	/15min	MH Contact	\$ 33
2	\$ 30,485	\$ 2,540		\$ 41	Flat	Med Management / Injection	\$ 33
3	\$ 38,430	\$ 3,203		\$ 55	/15min	Individual Therapy (MA/MS/PHD)	\$ 44
4	\$ 46,375	\$ 3,865		\$ 380	Flat	Psych Service 1st Visit (MD)	\$ 304
5	\$ 54,320	\$ 4,527		\$ 241	Flat	Psych Service 1st Visit (NP/ARNP)	\$ 193
6	\$ 62,265	\$ 5,189		\$ 127	/15min	Psych Service (MD)	\$ 102
7	\$ 70,210	\$ 5,851		\$ 80	/15min	Psych Service (NP/ARNP)	\$ 64
8	\$ 78,155	\$ 6,513		\$ 220	Flat	Intake Assessment (MA/MS/PHD)	\$ 176
				\$ 76	Flat	PCP Office Visit Level 1	\$ 61
				\$ 111	Flat	PCP Office Visit Level 2	\$ 89

## CLASS E

# in HH	YEARLY INCOME	MONTHLY INCOME		STANDARD FEE		TYPE OF SERVICE	CLASS C RATE
1	\$ 25,760	\$ 2,147		\$ 41	/15min	MH Contact	\$ 37
2	\$ 34,840	\$ 2,903		\$ 41	Flat	Med Management / Injection	\$ 37
3	\$ 43,920	\$ 3,660		\$ 55	/15min	Individual Therapy (MA/MS/PHD)	\$ 50
4	\$ 53,000	\$ 4,417		\$ 380	Flat	Psych Service 1st Visit (MD)	\$ 342
5	\$ 62,080	\$ 5,173		\$ 241	Flat	Psych Service 1st Visit (NP/ARNP)	\$ 217
6	\$ 71,160	\$ 5,930		\$ 127	/15min	Psych Service (MD)	\$ 114
7	\$ 80,240	\$ 6,687		\$ 80	/15min	Psych Service (NP/ARNP)	\$ 72
8	\$ 89,320	\$ 7,443		\$ 220	Flat	Intake Assessment (MA/MS/PHD)	\$ 198
				\$ 76	Flat	PCP Office Visit Level 1	\$ 68
				\$ 111	Flat	PCP Office Visit Level 2	\$ 100

NO DISCOUNT FOR INCOME ABOVE CLASS E	
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## Lake Whatcom Center – Sliding Fee Scale Application

CLIENT INFORMATION			Date:	
First:	MI:	Last:	SS#:	DOB:
Home Address:		City	State	Zip:
Mailing Address:		City:	State:	Zip:
Cell Phone:		Home Phone:	Email:	

NOTE: In order to provide a discount on our services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year. Your yearly income tax return, a copy of your W-2 form, last month's paycheck stubs, income verification from Social Security or 2 months of bank statements with direct deposits listed will be sufficient proof. Your annual income and your family size will be used to calculate your discount.

HOUSEHOLD SIZE		
Name	Date of Birth	SS#

HOUSEHOLD INCOME					
Income:	You	Spouse	Child	Other	Subtotal:
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
<b>TOTAL</b>					<b>\$</b>

Sliding Scale Class my income places me on:

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and believe. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Lake Whatcom Center if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Lake Whatcom Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

I AGREE TO MAKE PAYMENT IN FULL WITHIN 30 DAYS OF RECEIVING STATEMENT FROM LWC.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_