

Sliding Fee Discount Program



Our Purpose

It is the intent and purpose of Thrive Behavioral Health's sliding fee program to guarantee that all clients have access to quality mental health care, regardless of their ability to pay for such services. Inability to pay is defined as those patients with an annual household income of 200 % and below of the federal poverty level.

Request for Discount

Patients, family members, case managers or other staff can request discount services. Patients may apply for the sliding fee discount program regardless of insurance status.

Verify Your Income

You Must Provide One of The Following:

- * Most recent W-2's
- * Most recent pay stub(s)
- * Social Security Letter
- * Letter from Employer
- * Most recent Tax Return

Application Completion

The Patient or responsible party must complete the Sliding Fee application entirely. By signing the application, this person authorizes Thrive behavioral Health access to confirm income as disclosed on the application. Failure to complete the application and/or provide income information disqualifies the patient from receiving the sliding fee discount.

Who is Eligible?

Family Size	Income	0% - 100% of Poverty	101% - 133% of Poverty	134% - 166% of Poverty	167% - 200% of Poverty	Over 200% of Poverty
1 Person	Annual	\$0 - \$14,580	\$14,581 - \$19,393	\$19,394 - \$32,194	\$32,195 - \$53,443	\$53,444 +
	Monthly	\$0 - \$1,215	\$1,216 - \$1,616	\$1,617 - \$2,683	\$2,684 - \$4,454	\$4,455 +
	Weekly	\$0 - \$280	\$281 - \$373	\$374 - \$619	\$620 - \$1,028	\$1,029 +
2 People	Annual	\$0 - \$19,720	\$19,721 - \$26,229	\$26,230 - \$43,542	\$43,543 - \$72,281	\$72,282 +
	Monthly	\$0 - \$1,643	\$1,644 - \$2,186	\$2,187 - \$3,628	\$3,629 - \$6,023	\$6,024 +
	Weekly	\$0 - \$379	\$380 - \$504	\$505 - \$837	\$838 - \$1,390	\$1,391 +
3 People	Annual	\$0 - \$24,860	\$24,861 - \$33,065	\$33,066 - \$54,890	\$54,891 - \$91,119	\$91,120 +
	Monthly	\$0 - \$2,072	\$2,073 - \$2,755	\$2,756 - \$4,574	\$4,575 - \$7,593	\$7,594 +
	Weekly	\$0 - \$478	\$479 - \$636	\$637 - \$1,056	\$1,057 - \$1,752	\$1,753 +
4 People	Annual	\$0 - \$30,000	\$30,001 - \$39,901	\$39,902 - \$66,238	\$66,239 - \$109,957	\$109,958 +
	Monthly	\$0 - \$2,500	\$2,501 - \$3,325	\$3,326 - \$5,520	\$5,521 - \$9,163	\$9,164 +
	Weekly	\$0 - \$577	\$578 - \$767	\$768 - \$1,274	\$1,275 - \$2,115	\$2,116 +
5 People	Annual	\$0 - \$35,140	\$35,141 - \$46,738	\$46,739 - \$77,586	\$77,587 - \$128,794	\$128,795 +
	Monthly	\$0 - \$2,928	\$2,929 - \$3,895	\$3,896 - \$6,465	\$6,466 - \$10,733	\$10,734 +
	Weekly	\$0 - \$676	\$677 - \$899	\$900 - \$1,492	\$1,493 - \$2,477	\$2,478 +
6 People	Annual	\$0 - \$40,280	\$40,281 - \$53,574	\$53,575 - \$88,934	\$88,935 - \$147,632	\$147,633 +
	Monthly	\$0 - \$3,357	\$3,358 - \$4,464	\$4,465 - \$7,411	\$7,412 - \$12,303	\$12,304 +
	Weekly	\$0 - \$775	\$776 - \$1,030	\$1,031 - \$1,710	\$1,711 - \$2,839	\$2,840 +
7 People	Annual	\$0 - \$45,420	\$45,421 - \$60,410	\$60,411 - \$100,282	\$100,283 - \$166,470	\$166,471 +
	Monthly	\$0 - \$3,785	\$3,786 - \$5,034	\$5,035 - \$8,357	\$8,358 - \$13,873	\$13,874 +
	Weekly	\$0 - \$873	\$874 - \$1,162	\$1,163 - \$1,929	\$1,930 - \$3,201	\$3,202 +
8 People	Annual	\$0 - \$50,560	\$50,561 - \$67,246	\$67,247 - \$111,630	\$111,631 - \$185,308	\$185,309 +
	Monthly	\$0 - \$4,213	\$4,214 - \$5,604	\$5,605 - \$9,303	\$9,304 - \$15,442	\$15,443 +
	Weekly	\$0 - \$972	\$973 - \$1,293	\$1,294 - \$2,147	\$2,148 - \$3,564	\$3,565 +
Patient Pays		Nominal Fee of \$20	35% of Full Fee	55% of Full Fee	75% of Full Fee	Full Fee

* For families with more than 8 persons, add \$5,140 for each additional person.

**Based on 2023 Poverty Level Guidelines