



SLIDING FEE SCALE EFFECTIVE 2/09/2023								
Income Less Than	Number in Household							
	1	2	3	4	5	6	7	8
\$ 14,580	10%	10%	10%	10%	10%	10%	10%	10%
\$ 19,720	20%	10%	10%	10%	10%	10%	10%	10%
\$ 24,860	30%	20%	10%	10%	10%	10%	10%	10%
\$ 30,000	40%	30%	20%	10%	10%	10%	10%	10%
\$ 35,140	50%	40%	30%	20%	10%	10%	10%	10%
\$ 40,280	60%	50%	40%	30%	20%	10%	10%	10%
\$ 45,420	70%	60%	50%	40%	30%	20%	10%	10%
\$ 50,560	80%	70%	60%	50%	40%	30%	20%	10%
\$ 55,700	90%	80%	70%	60%	50%	40%	30%	20%
\$ 60,840	100%	90%	80%	70%	60%	50%	40%	30%
\$ 65,980	100%	100%	90%	80%	70%	60%	50%	40%
\$ 71,120	100%	100%	100%	90%	80%	70%	60%	50%
\$ 76,260	100%	100%	100%	100%	90%	80%	70%	60%
\$ 81,400	100%	100%	100%	100%	100%	90%	80%	70%
\$ 86,540	100%	100%	100%	100%	100%	100%	90%	80%
\$ 91,680	100%	100%	100%	100%	100%	100%	100%	90%

Your Financial Responsibility is based on information collected at the time of the estimate. Your financial responsibility is what you owe after insurance is applied, based on the SRMHW sliding fee scale. Listed below are the potential costs for each service.	
Type of Service	Range
Admission Evaluation	\$12 to \$120
Individual/Family Therapy	\$10.20 to \$102 per hour
In Home Family Therapy	\$11 to \$110 per hour
Psychiatry Service	\$25 to \$264
Group Therapy	\$3.40 to \$34 per hour
Psychological Testing	\$102 per hour, No Discount
CPST Com Psych Support	\$12.80 to \$128 per hour
Psychosocial Rehab Individual	\$5.50 to \$55 per hour
PR Child Group	\$4 to \$40 per hour
PR Adult Group	\$2.40 to \$24 per hour
Peer Support Ind	\$5.50 to \$55 per hour
Peer Support Group	\$1.80 to \$18 per hour
Targeted Case Management	\$10 to \$100 per hour
Assertive Community Treatment (ACT) Daily Rate	\$292 per day
Individual Placement & Support (IPS) Supported Employment Daily Rate	\$292 per day
Attendant Care	\$2.80 to \$28 per hour

Potential Substance Use Services are in Bold Above
 PR - Psychosocial Rehabilitation; CPST - Community Psychiatric Supportive Treatment KCPC - Kansas Client Placement Criteria Therapy hour is 45 to 50 minutes.

Therapy hour is 45 to 50 minutes. Adjusted fee payment is expected each visit (or make arrangement with Center). Medicaid and Third Party Funded Clients Please Note:

Clients will assume financial responsibility for services if those services are provided:

For any non-covered diagnosis

For services which exceed the established annual/daily MCO limits

For 100% insurance co-pay/deductible and 100% Medicaid spend down

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