



## **Fee Schedule** (Updated March 2026)

### **Outpatient**

#### **Substance Use**

|                              |                 |
|------------------------------|-----------------|
| Assessment                   | \$205 / session |
| Individual/Family Counseling | \$200 / hour    |
| Group Counseling             | \$45 / session  |
| Intensive Outpatient         | \$285 / day     |

#### **Mental Health**

|                              |                 |
|------------------------------|-----------------|
| Assessment                   | \$205 / session |
| Individual/Family Counseling | \$200 / hour    |
| Group Counseling             | \$45 / session  |

### **Inpatient Sub-Acute/Substance Use**

|            |             |
|------------|-------------|
| Adult      | \$645 / day |
| Adolescent | \$780 / day |

(The above charges include therapy, room and board and family group sessions)

### **Day Treatment/Substance Use**

|            |             |
|------------|-------------|
| Adult      | \$585 / day |
| Adolescent | \$705 / day |

### **Therapeutic Overnight/Substance Use**

|            |            |
|------------|------------|
| Adult      | \$60 / day |
| Adolescent | \$75 / day |

**Crisis Residential** \$900 / day

**Medically Monitored Detox** \$1,200 / day

All fees listed are for basic services. Ancillary services represent additional charges. For example, during an evaluation a counselor may request a Urine Drug Test resulting in additional costs.

## **Psychiatric Services**

|                                    |                 |
|------------------------------------|-----------------|
| Psychiatric Evaluation             | \$230 / session |
| New Patient, Expanded              | \$160 / session |
| New Patient, Detailed              | \$245 / session |
| New Patient, Comprehensive         | \$310 / session |
| Established Patient, Expanded      | \$130 / session |
| Established Patient, Detailed      | \$160 / session |
| Established Patient, Comprehensive | \$215 / session |
| Medication Administration          | \$75 / session  |

# CHESTNUT HEALTH SYSTEMS

## SLIDING FEE SCALE Effective March 1, 2026

Based on 2026 Federal Poverty Guidelines

### PERCENT OF POVERTY GUIDELINES

| Family Size | No income | 1%-100%  | 101%-150% | 151%-175% | 176%-200% | 201%-225% | 226%-250% | 251%-300% | 301%-325% | 326%-350% | 351%-400% |
|-------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1           | \$0       | \$15,960 | \$23,940  | \$27,930  | \$31,920  | \$35,910  | \$39,900  | \$47,880  | \$51,870  | \$55,860  | \$63,840  |
| 2           | \$0       | \$21,640 | \$32,460  | \$37,870  | \$43,280  | \$48,690  | \$54,100  | \$64,920  | \$70,330  | \$75,740  | \$86,560  |
| 3           | \$0       | \$27,320 | \$40,980  | \$47,810  | \$54,640  | \$61,470  | \$68,300  | \$81,960  | \$88,790  | \$95,620  | \$109,280 |
| 4           | \$0       | \$33,000 | \$49,500  | \$57,750  | \$66,000  | \$74,250  | \$82,500  | \$99,000  | \$107,250 | \$115,500 | \$132,000 |
| 5           | \$0       | \$38,680 | \$58,020  | \$67,690  | \$77,360  | \$87,030  | \$96,700  | \$116,040 | \$125,710 | \$135,380 | \$154,720 |
| 6           | \$0       | \$44,360 | \$66,540  | \$77,630  | \$88,720  | \$99,810  | \$110,900 | \$133,080 | \$144,170 | \$155,260 | \$177,440 |
| 7           | \$0       | \$50,040 | \$75,060  | \$87,570  | \$100,080 | \$112,590 | \$125,100 | \$150,120 | \$162,630 | \$175,140 | \$200,160 |
| 8           | \$0       | \$55,720 | \$83,580  | \$97,510  | \$111,440 | \$125,370 | \$139,300 | \$167,160 | \$181,090 | \$195,020 | \$222,880 |

### RATE PER DAY

|                                |                |                |                |                |                |                 |                 |                 |                 |                 |                 |
|--------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>DUI Evaluation Services</b> | <b>\$0.00</b>  | <b>\$0.00</b>  | <b>\$25.00</b> | <b>\$50.00</b> | <b>\$75.00</b> | <b>\$100.00</b> | <b>\$100.00</b> | <b>\$100.00</b> | <b>\$100.00</b> | <b>\$100.00</b> | <b>\$100.00</b> |
| <b>Clinical Services</b>       | <b>\$0.00</b>  | <b>\$10.00</b> | <b>\$12.00</b> | <b>\$14.00</b> | <b>\$15.00</b> | <b>\$20.00</b>  | <b>\$25.00</b>  | <b>\$30.00</b>  | <b>\$35.00</b>  | <b>\$40.00</b>  | <b>\$50.00</b>  |
| <b>SUPR Waiver Required?</b>   | <b>NO</b>      | <b>NO</b>      | <b>NO</b>      | <b>NO</b>      | <b>NO</b>      | <b>YES</b>      | <b>YES</b>      | <b>YES</b>      | <b>YES</b>      | <b>YES</b>      | <b>YES</b>      |
| <b>SUPR Rate Schedule</b>      | <b>00</b>      | <b>A1</b>      | <b>A2</b>      | <b>A3</b>      | <b>A4</b>      | <b>A5</b>       | <b>A6</b>       | <b>A7</b>       | <b>A8</b>       | <b>A9</b>       | <b>B1</b>       |
| <b>CFHC</b>                    | <b>\$0.00</b>  | <b>\$10.00</b> | <b>\$12.00</b> | <b>\$14.00</b> | <b>\$15.00</b> | <b>Full Fee</b> |
| <b>CFHC Dental</b>             | <b>\$20.00</b> | <b>\$25.00</b> | <b>\$30.00</b> | <b>\$35.00</b> | <b>\$40.00</b> | <b>Full Fee</b> |

For family units of more than 8 members, add the following for each additional member:

|             |          |
|-------------|----------|
| No income   | \$0      |
| 1% - 100%   | \$5,680  |
| 101% - 150% | \$8,520  |
| 151% - 175% | \$9,940  |
| 176% - 200% | \$11,360 |

# CHESTNUT FAMILY HEALTH CENTER

## SLIDING FEE SCALE Effective March 1, 2026

Based on 2026 Federal Poverty Guidelines

|  |                  |                    |                    |                    |                    |
|--|------------------|--------------------|--------------------|--------------------|--------------------|
|  | No<br>clinic fee | \$10<br>clinic fee | \$12<br>clinic fee | \$14<br>clinic fee | \$15<br>clinic fee |
|--|------------------|--------------------|--------------------|--------------------|--------------------|

### PERCENT OF POVERTY GUIDELINES

| Family<br>Size | No Income | 1% - 100% | 101% - 150% | 151% - 175% | 176% - 200% |
|----------------|-----------|-----------|-------------|-------------|-------------|
| 1              | \$0       | \$15,960  | \$23,940    | \$27,930    | \$31,920    |
| 2              | \$0       | \$21,640  | \$32,460    | \$37,870    | \$43,280    |
| 3              | \$0       | \$27,320  | \$40,980    | \$47,810    | \$54,640    |
| 4              | \$0       | \$33,000  | \$49,500    | \$57,750    | \$66,000    |
| 5              | \$0       | \$38,680  | \$58,020    | \$67,690    | \$77,360    |
| 6              | \$0       | \$44,360  | \$66,540    | \$77,630    | \$88,720    |
| 7              | \$0       | \$50,040  | \$75,060    | \$87,570    | \$100,080   |
| 8              | \$0       | \$55,720  | \$83,580    | \$97,510    | \$111,440   |

For family units of more than 8 members, add the following for each additional member:

|             |          |
|-------------|----------|
| No income   | \$0      |
| 1% - 100%   | \$5,680  |
| 101% - 150% | \$8,520  |
| 151% - 175% | \$9,940  |
| 176% - 200% | \$11,360 |

# CHESTNUT FAMILY HEALTH CENTER - DENTAL

## DENTAL SLIDING FEE SCALE

**Effective March 1, 2026**

Based on 2026 Federal Poverty Guidelines

|  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|  | <b>\$20<br/>Dental fee</b> | <b>\$25<br/>Dental fee</b> | <b>\$30<br/>Dental fee</b> | <b>\$35<br/>Dental fee</b> | <b>\$40<br/>Dental fee</b> |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

### PERCENT OF POVERTY GUIDELINES

| Family Size | No Income | 1% - 100% | 101% - 150% | 151% - 175% | 176% - 200% |
|-------------|-----------|-----------|-------------|-------------|-------------|
| 1           | \$0       | \$15,960  | \$23,940    | \$27,930    | \$31,920    |
| 2           | \$0       | \$21,640  | \$32,460    | \$37,870    | \$43,280    |
| 3           | \$0       | \$27,320  | \$40,980    | \$47,810    | \$54,640    |
| 4           | \$0       | \$33,000  | \$49,500    | \$57,750    | \$66,000    |
| 5           | \$0       | \$38,680  | \$58,020    | \$67,690    | \$77,360    |
| 6           | \$0       | \$44,360  | \$66,540    | \$77,630    | \$88,720    |
| 7           | \$0       | \$50,040  | \$75,060    | \$87,570    | \$100,080   |
| 8           | \$0       | \$55,720  | \$83,580    | \$97,510    | \$111,440   |

For family units of more than 8 members, add the following for each additional member:

|             |          |
|-------------|----------|
| No income   | \$0      |
| 1% - 100%   | \$5,680  |
| 101% - 150% | \$8,520  |
| 151% - 175% | \$9,940  |
| 176% - 200% | \$11,360 |