

**YELLOWSTONE BEHAVIORAL HEALTH CENTER  
SLIDING FEE SCALE BASED ON GROSS FAMILY HOUSEHOLD INCOME  
PROOF OF INCOME REQUIRED  
as of 7/1/12**

ANNUAL GROSS INCOME	MONTHLY INCOME		DISCOUNT %	INDIV/ FAMILY	GROUP SES. (per hour)	IRS TRNG (per day)	MED MGT (per hour)	DAY	PSYCH	Discount	Fee Basis
	MINIMUM	MAXIMUM						TRTMNT (per day)	TESTING (per hour)		
0-13,000	0.01	1,083.33	99.20%	10.00	0.54	0.16	1.28	0.28	1.20	99.20%	.80 IN-8.0
13,001 - 14,500	1,083.34	1,208.33	90.40%	12.00	6.48	1.92	15.36	1.00	14.40	90.40%	9.60%
14,501 - 15,500	1,208.34	1,291.66	89.60%	13.00	7.02	2.08	16.64	1.00	15.60	89.60%	10.40%
15,501 - 20,500	1,291.67	1,708.33	88.00%	15.00	8.10	2.40	19.20	1.00	18.00	88%	12%
20,501 - 21,500	1,708.34	1,791.66	84.00%	20.00	10.80	3.20	25.60	1.00	24.00	84%	16%
21,501 - 22,500	1,791.67	1,875.00	80.80%	24.00	12.96	3.84	30.72	1.00	28.80	80.80%	19.20%
22,501 - 28,500	1,875.01	2,375.00	77.60%	28.00	15.12	4.48	35.84	1.00	33.60	77.60%	22.39%
28,501 - 29,500	2,375.01	2,458.33	76.00%	30.00	16.20	4.80	38.40	1.00	36.00	76%	24%
29,501 - 40,500	2,458.34	3,375.00	64.00%	45.00	24.30	7.20	57.60	1.00	54.00	64%	36%
40,501 - 49,500	3,375.01	4,125.00	52.00%	60.00	32.40	9.60	76.80	16.80	72.00	52%	48%
49,501 - 59,500	4,125.01	4,958.33	40.00%	75.00	40.50	12.00	96.00	21.00	90.00	40%	60%
59,501 - 69,500	4,958.34	5,791.66	28.00%	90.00	48.60	14.40	115.20	25.20	108.00	28%	72%
69,501 - 79,500	5,791.67	6,625.00	16.00%	105.00	56.70	16.80	134.40	29.40	126.00	16%	84%
79,501 - 89,500	6,625.01	7,458.33	4.00%	120.00	64.80	19.20	153.60	33.60	144.00	4%	96%
89,501 and up	7,458.34	10,000.00	0.00%	125.00	67.50	20.00	160.00	35.00	150.00	0%	100%

Full Fees	
Individual Therapy	\$125/hour
Group Therapy	\$67.5/hour
IRS Training	\$20/day
Medication Mgt	\$160/hour
Day Treatment	\$35/day
Psych Testing	\$150/hour

FAMILY SIZE: Deduct \$3,000 per additional family member who is dependent on the household income.

If a client has extenuating expenses that influences ability to pay the fee, consult the Executive Director.