Heartland Family Service
Sliding Fee Scale

Select Service from Drop Down

Service ===> **Individual Therapy - MH, SUD, Gambling (16-37 mins)**
CPT ===> **90832**
Full Fee ===> **$ 90.00**

	Persons in Household									
Copay	1	2	3	4	5	6	7	8	Percent of Poverty Guidelines	IPN Copay
$0.00	$ 15,060	$ 20,440	$ 25,820	$ 31,200	$ 36,580	$ 41,960	$ 47,340	$ 52,720	100.0%	$0.00
$2.00	$ 15,813	$ 21,462	$ 27,111	$ 32,760	$ 38,409	$ 44,058	$ 49,707	$ 55,356	105.0%	$0.00
$5.00	$ 16,566	$ 22,484	$ 28,402	$ 34,320	$ 40,238	$ 46,156	$ 52,074	$ 57,992	110.0%	$0.00
$9.00	$ 18,072	$ 24,528	$ 30,984	$ 37,440	$ 43,896	$ 50,352	$ 56,808	$ 63,264	120.0%	$0.00
$14.00	$ 19,578	$ 26,572	$ 33,566	$ 40,560	$ 47,554	$ 54,548	$ 61,542	$ 68,536	130.0%	$0.00
$18.00	$ 21,084	$ 28,616	$ 36,148	$ 43,680	$ 51,212	$ 58,744	$ 66,276	$ 73,808	140.0%	$0.00
$23.00	$ 22,590	$ 30,660	$ 38,730	$ 46,800	$ 54,870	$ 62,940	$ 71,010	$ 79,080	150.0%	$0.00
$27.00	$ 24,096	$ 32,704	$ 41,312	$ 49,920	$ 58,528	$ 67,136	$ 75,744	$ 84,352	160.0%	$0.00
$32.00	$ 25,602	$ 34,748	$ 43,894	$ 53,040	$ 62,186	$ 71,332	$ 80,478	$ 89,624	170.0%	$0.00
$36.00	$ 27,108	$ 36,792	$ 46,476	$ 56,160	$ 65,844	$ 75,528	$ 85,212	$ 94,896	180.0%	$0.00
$41.00	$ 28,614	$ 38,836	$ 49,058	$ 59,280	$ 69,502	$ 79,724	$ 89,946	$ 100,168	190.0%	$0.00
$45.00	$ 30,120	$ 40,880	$ 51,640	$ 62,400	$ 73,160	$ 83,920	$ 94,680	$ 105,440	200.0%	$0.00
$50.00	$ 31,626	$ 42,924	$ 54,222	$ 65,520	$ 76,818	$ 88,116	$ 99,414	$ 110,712	210.0%	
$54.00	$ 33,132	$ 44,968	$ 56,804	$ 68,640	$ 80,476	$ 92,312	$ 104,148	$ 115,984	220.0%	
$59.00	$ 34,638	$ 47,012	$ 59,386	$ 71,760	$ 84,134	$ 96,508	$ 108,882	$ 121,256	230.0%	
$63.00	$ 36,144	$ 49,056	$ 61,968	$ 74,880	$ 87,792	$ 100,704	$ 113,616	$ 126,528	240.0%	
$68.00	$ 37,650	$ 51,100	$ 64,550	$ 78,000	$ 91,450	$ 104,900	$ 118,350	$ 131,800	250.0%	
$72.00	$ 39,156	$ 53,144	$ 67,132	$ 81,120	$ 95,108	$ 109,096	$ 123,084	$ 137,072	260.0%	
$77.00	$ 40,662	$ 55,188	$ 69,714	$ 84,240	$ 98,766	$ 113,292	$ 127,818	$ 142,344	270.0%	
$81.00	$ 42,168	$ 57,232	$ 72,296	$ 87,360	$ 102,424	$ 117,488	$ 132,552	$ 147,616	280.0%	
$86.00	$ 43,674	$ 59,276	$ 74,878	$ 90,480	$ 106,082	$ 121,684	$ 137,286	$ 152,888	290.0%	
$90.00	$ 45,180	$ 61,320	$ 77,460	$ 93,600	$ 109,740	$ 125,880	$ 142,020	$ 158,160	300.0%	

<= Used for IPN Eligibility with IBHRS Billing Payor =>
(do not use IPN Copay for Drug Testing)

<=== HFS Sliding Fee Scale

Add $5,380 for each person over 8

2/15/2024