Psychological Consultation Center Fee Policy

General Rules
- The PCC fee for session is $25 for all clients.
- A fee reduction is offered to all clients who meet eligibility criteria.
- Eligibility criteria has been developed from the Federal Poverty Level (FPL) guidelines, based on household size and income.
- Fee reductions are reviewed annually in July (when the FPL is updated).

Fee Scale
- Initial intake sessions is $10.
- Regular session fee is $25.
- Reductions are available for all clients below 200% FPL for therapy sessions.
- Minimum fee is $5 for 133% FPL and below for therapy sessions.
- Scale is as follows:
  $25 = 201% +
  $20 = 200% - 176%
  $15 = 175% - 156%
  $10 = 155% - 134%
  $5 = 133% - 0

Determining Eligibility for Discounts
- All clients must be informed that they may be eligible for a fee reduction if their household income is below 200% of Federal Poverty Guidelines as part of the usual registration and intake process.
- Clients who decline to offer information required for fee reduction determination are ineligible for a reduction (i.e., will be charged $25 per session).
- Clients are allowed two weeks of services without the required documentation prior to fee reduction.
- The fee reduction application form is separate from other PCC intake paperwork.
- The fee reduction application form is completed by the first therapy session following an intake session and is updated at least once per year.
- Clients may request a review for fee reduction if their financial circumstances change. To request a review, the client discusses their change in circumstances with their therapist. The client then completes the required form and provides documentation.

Required Documentation for Discounts
- Documentation is required for fee reductions after the intake session.
- If employed, clients must provide proof of income by producing one of the following:
  o 1040
  o W2
  o Four recent pay stubs
  o Written statement of wages by employer
- If unemployed, clients must provide proof of income by producing one of the following:
  o Public Assistance check stub/copy (previous two)
  o Social Security check stub (previous two) or award letter
  o Certification Letter from Medical Assistance or Department of Social Services
  o Completed zero income form
  o Written statement from friend or relative with whom client lives (ONLY if other forms are not available)
  o Letter of reference from a 501 (c) (3) organization, such as church (ONLY if other forms are not available)