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## TREATMENT SERVICE FEES

<b>INDIVIDUAL COUNSELING</b>	
a.) 90843 – 38 to 52 minutes	\$100
b.) 90837 – 53 minutes or above	\$125
<b>CONTINUING CARE GROUP</b>	\$50 per 2 hour group
<b>OUTPATIENT GROUP</b>	\$30 per hour
<b>INTENSIVE OUTPATIENT GROUP</b>	
a.) short stay	\$4,000
b.) long stay	\$4,000 plus 40 per hour
c.) SB123	\$40 per hour
<b>SB123 Assessments</b>	\$ 175
<b>Alcohol/Drug Evaluation – court ordered w/report</b>	\$150
<b>Alcohol/Drug Evaluation – non court ordered w/report</b>	\$150

## SLIDING FEE SCALE

*(For those who qualify. Please contact our office for further information.)*

INCOME	HOURLY RATE
\$ 12,760.00	\$ 6.25
\$ 17,240.00	\$ 8.46
\$ 21,720.00	\$ 10.67
\$ 26,200.00	\$ 12.88
\$ 30,680.00	\$ 15.09
\$ 35,160.00	\$ 17.30
\$ 39,640.00	\$ 19.51
\$ 44,120.00	\$ 21.72

- ❖ For families/households with more than 8 persons, add \$4,480 for each additional person.
- ❖ *A rate of \$.50 per hour per \$1,000 of income based on 2020 Federal Poverty Guidelines*

*For Office Use Only:*

Income Amount/1000= X \_\_\_\_\_

X\*.5= Y \_\_\_\_\_

Sliding Fee Hourly Rate \_\_\_\_\_

SIGNATURE OF CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_