

Policy Title: RVBHH Sliding Fee Scale
 Policy Number: FS 200.5
 Implemented: December 18, 2017
 Revised: [Click here to enter text.](#)



Attachment FS 200.5
 SLIDING FEE SCALE

RiverValley Behavioral Health Hospital (RVBHH) Services

To be used with service codes: All service codes

Select the appropriate percentage based on verified family income and size. Multiply percentage times gross charges for services rendered; round answer to the nearest dollar. This is the amount due from the client.

Income Level		Family Size			
At Least	Not Over	1	2	3	4
\$0	\$15,000	C	C	C	C
\$15,001	\$20,000	C	C	C	C
\$20,001	\$25,000	D	C	C	C
\$25,001	\$30,000	E	D	C	C
\$30,001	\$35,000	F=Full	E	C	C
\$35,001	\$40,000	F=Full	F=Full	D	C
\$40,001	\$45,000	F=Full	F=Full	E	D
\$45,001	\$50,000	F=Full	F=Full	F=Full	E
\$50,001	\$55,000	F=Full	F=Full	F=Full	E
\$55,001	\$60,000	F=Full	F=Full	F=Full	F=Full
\$60,001	\$65,000	F=Full	F=Full	F=Full	F=Full
\$65,001	\$70,000	F=Full	F=Full	F=Full	F=Full
\$70,001	\$75,000	F=Full	F=Full	F=Full	F=Full
Full	Fee	F=Full	F=Full	F=Full	F=Full

For each additional person add \$5,000 for 10% and 20%, \$10,000 for 30% and \$15,000 for full fee

Assign appropriate Payor Code 100 alpha code as follows:

- A = Not applicable
- B = Not applicable
- C = 10%
- D = 20%
- E = 30%
- F = 100%

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