

Client Name: _____ ID#: _____ Effective: January 1st, 2013

Scale	Discount	Adjusted Monthly Income		Flat Rate	Hourly Rate				
	%	From	To	Intake	Doctors/ARNP Services	Individual Services	Family Services	Group Services	Case Management
A	0%	3,902	and up	165.00	197.50	125.00	130.00	50.00	95.00
B	10%	3,572	3,901	148.50	177.75	112.50	117.00	45.00	85.50
C	20%	3,242	3,571	132.00	158.00	100.00	104.00	40.00	76.00
D	30%	2,912	3,241	115.50	138.25	87.50	91.00	35.00	66.50
E	40%	2,582	2,911	99.00	118.50	75.00	78.00	30.00	57.00
F	50%	2,252	2,581	82.50	98.75	62.50	65.00	25.00	47.50
G	60%	1,922	2,251	66.00	79.00	50.00	52.00	20.00	38.00
H	70%	1,592	1,921	49.50	59.25	37.50	39.00	15.00	28.50
I	80%	1,262	1,591	33.00	39.50	25.00	26.00	10.00	19.00
J	90%	932	1,261	16.50	19.75	12.50	13.00	5.00	9.50
K	100%	0**	931	-	-	-	-	-	-

Adjusted Monthly Income is calculated as the household gross income less \$330.00 per any additional person in the household

Consumer is responsible for all co-insurance or co-payments at the time of service

Third Party Insurance is always billed at VCCC established full fee

*** In keeping with Washington State administrative code, we offer a special \$0.00 fee for consumers eligible for services who have incomes below the grant standards for the general assistance program.*

Adjusted Monthly Income & Sliding Scale calculation:

Gross Monthly Income: (a) _____

of Dependents: (b) _____

Amount to be Adjusted: (c) (b)*\$330.00 _____

Adjusted Monthly Income: (d) (a)-(c) _____

Scale: (refer to scale above) _____

Discount: (refer to scale above) _____ %

Client Signature: _____ Date: _____