

Client Name: _____ ID#: _____ Effective: ***January 1, 2024***

Scale	Discount	Adjusted Monthly Income		Hourly Rate	Daily Bed Rate				
	%	From	To	Dr/ARNP Services	Room and Board	Withdrawal Mngt Services	SUD Intensive Inpatient (IIP)	Evaluation & Treatment	Secure Withdrawal Mngt Services
A	0%	5,290	and up	575.00	15.00	675.00	485.00	1,800.00	1,750.00
B	10%	4,842	5,290	517.50	13.50	607.50	436.50	1,620.00	1,575.00
C	20%	4,393	4,842	460.00	12.00	540.00	388.00	1,440.00	1,400.00
D	30%	3,945	4,393	402.50	10.50	472.50	339.50	1,260.00	1,225.00
E	40%	3,497	3,945	345.00	9.00	405.00	291.00	1,080.00	1,050.00
F	50%	3,048	3,497	287.50	7.50	337.50	242.50	900.00	875.00
G	60%	2,600	3,048	230.00	6.00	270.00	194.00	720.00	700.00
H	70%	2,152	2,600	172.50	4.50	202.50	145.50	540.00	525.00
I	80%	1,703	2,152	115.00	3.00	135.00	97.00	360.00	350.00
J	90%	1,255	1,703	57.50	1.50	67.50	48.50	180.00	175.00
K	100%	0**	1,255	-	-	-	-	-	-

Adjusted Monthly Income is calculated as the household gross Income less **\$448.33** 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)*\$448.33 _____

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

Scale: (Refer to scale above) _____

Discount: (Refer to scale above) _____ %

Client Signature: _____

Date: _____