Open Access Initial Assessment Client Notice of Cost

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During the Open Access visit, a Compass Health provider will be performing an initial assessment for the client to help identify what services the client may need. The client may be charged a fee for this assessment based on the following:

Category	Income Level	Fee
Medicaid or Priority Population	n/a	No Fee (\$0) OR amount due
		according to SMT
		(whichever is greater)
Insurance – If a Covered Service	n/a	Amount due according to
		Insurance policy/plan
No Insurance Coverage for this	Family Size:	No Fee (\$0)
service and/or provider AND	1 – Annual Income of up to \$12,760	
Income no more than 100% of	2 – Annual Income up to \$17,240	
the federal poverty level	3 – Annual Income up to \$21,720	
	4 – Annual Income up to \$26,200	
**Note: must complete	5 – Annual Income up to \$30,680	
appropriate financial assistance	6 – Annual Income up to \$35,160	
packet and provide all required	7 – Annual Income up to \$39,640	
documentation.	8 – Annual Income up to \$44,120	
	Each addn. person add \$4,480	
No Insurance Coverage for this	Family Size:	\$5 fee
service and/or provider AND	1 – Annual Income of up to \$25,520	
Income over 100% but no more	2 – Annual Income up to \$34,480	
than 200% of the federal	3 – Annual Income up to \$43,440	
poverty level	4 – Annual Income up to \$52,400	
	5 – Annual Income up to \$61,360	
**Note: must complete	6 – Annual Income up to \$70,320	
appropriate financial assistance	7 – Annual Income up to \$79,280	
packet and provide all required	8 – Annual Income up to \$88,240	
documentation.	Each addn. person add \$8,960	
No Insurance Coverage for this	Annual Income greater than above	\$25 if pay the same day
service and/or provider	amount	
		\$270 if do not pay same day
And		
Income over 200% of the		
federal poverty level		

If a client sees an open access clinical staff, but the assessment is not completed due to the client not needing services, the client will not be charged.

If client receives additional services on this day, there may be additional charges applied.		
Client signature	 Date	