

## Open Access Initial Assessment Client Notice of Cost

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 service and/or provider <b>AND</b> Income no more than 100% of the federal poverty level  <b>**Note: must complete appropriate financial assistance packet and provide all required documentation.</b>	Family Size: 1 – Annual Income of up to \$14,580 2 – Annual Income up to \$19,720 3 – Annual Income up to \$24,860 4 – Annual Income up to \$30,000 5 – Annual Income up to \$35,140 6 – Annual Income up to \$40,280 7 – Annual Income up to \$45,420 8 – Annual Income up to \$50,560 Each addn. person add \$5,140	No Fee (\$0)
No Insurance Coverage for this service and/or provider <b>AND</b> Income over 100% but no more than 200% of the federal poverty level  <b>**Note: must complete appropriate financial assistance packet and provide all required documentation.</b>	Family Size: 1 – Annual Income of up to \$29,160 2 – Annual Income up to \$39,440 3 – Annual Income up to \$49,720 4 – Annual Income up to \$60,000 5 – Annual Income up to \$70,280 6 – Annual Income up to \$80,560 7 – Annual Income up to \$90,840 8 – Annual Income up to \$101,120 Each addn. person add \$10,280	\$5 fee
No Insurance Coverage for this service and/or provider  <i>And</i>  Income over 200% of the federal poverty level	Annual Income greater than above amount	\$25 if pay the same day  \$296 if do not pay same day

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