

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 AND Income no more than 100% of the federal poverty level **Note: must complete appropriate financial assistance packet and provide all required documentation.	Family Size: 1 – Annual Income of up to \$15,060 2 – Annual Income up to \$20,440 3 – Annual Income up to \$25,820 4 – Annual Income up to \$31,200 5 – Annual Income up to \$36,580 6 – Annual Income up to \$41,960 7 – Annual Income up to \$47,340 8 – Annual Income up to \$52,720 Each addn. person add \$5,380	No Fee (\$0)
No Insurance Coverage for this service and/or provider AND Income over 100% but no more than 200% of the federal poverty level **Note: must complete appropriate financial assistance packet and provide all required documentation.	Family Size: 1 – Annual Income of up to \$30,120 2 – Annual Income up to \$40,880 3 – Annual Income up to \$51,640 4 – Annual Income up to \$62,400 5 – Annual Income up to \$73,160 6 – Annual Income up to \$83,920 7 – Annual Income up to \$94,680 8 – Annual Income up to \$105,440 Each addn. person add \$10,760	\$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 \$312 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 a client receives additional services on this day, there may be additional charges applied.

 Signature of Client or Guardian

 Date