

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 \$15,650 2 – Annual Income up to \$21,150 3 – Annual Income up to \$26,650 4 – Annual Income up to \$32,150 5 – Annual Income up to \$37,650 6 – Annual Income up to \$43,150 7 – Annual Income up to \$48,650 8 – Annual Income up to \$54,150 Each addn. person add \$5,500	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 \$31,300 2 – Annual Income up to \$42,300 3 – Annual Income up to \$53,300 4 – Annual Income up to \$64,300 5 – Annual Income up to \$75,300 6 – Annual Income up to \$86,300 7 – Annual Income up to \$97,300 8 – Annual Income up to \$108,300 Each addn. person add \$11,000	\$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