

## 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><br>Income no more than 100% of the federal poverty level<br><br><b>**Note: must complete appropriate financial assistance packet and provide all required documentation.</b>               | Family Size:<br>1 – Annual Income of up to \$15,960<br>2 – Annual Income up to \$21,640<br>3 – Annual Income up to \$27,320<br>4 – Annual Income up to \$33,000<br>5 – Annual Income up to \$38,680<br>6 – Annual Income up to \$44,360<br>7 – Annual Income up to \$50,040<br>8 – Annual Income up to \$55,720<br>Each addn. person add \$5,680    | No Fee (\$0)                                                       |
| No Insurance Coverage for this service and/or provider <b>AND</b><br>Income over 100% but no more than 200% of the federal poverty level<br><br><b>**Note: must complete appropriate financial assistance packet and provide all required documentation.</b> | Family Size:<br>1 – Annual Income of up to \$31,920<br>2 – Annual Income up to \$43,280<br>3 – Annual Income up to \$54,640<br>4 – Annual Income up to \$66,000<br>5 – Annual Income up to \$77,360<br>6 – Annual Income up to \$88,720<br>7 – Annual Income up to \$100,080<br>8 – Annual Income up to \$111,440<br>Each addn. person add \$11,360 | \$5 fee                                                            |
| No Insurance Coverage for this service and/or provider<br><br><i>And</i><br><br>Income over 200% of the federal poverty level                                                                                                                                | Annual Income greater than above amount                                                                                                                                                                                                                                                                                                             | \$25 if pay the same day<br><br>\$313 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.

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Signature of Client or Guardian

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Date