



Adoption • Chemical Dependency Assessment & Outpatient Treatment  
 In-Home Services • Foster Care • Outpatient Mental Health Services  
 Residential: *Treatment Cottage, Boys Program & Teens in Transition*  
 I.T.A.S.K.I.N. Center: *Stabilization Shelter Unit, 35 Day Evaluation & Detention Center*

**Payment Waiver Agreement & Sliding Fee Scale**  
 Based on 2015 Federal Poverty guidelines

FAMILY SIZE	100% discount	90% discount	80% discount	70% discount	60% discount	50% discount	40% discount	30% discount	20% discount	10% discount	0% discount
1	\$11,770	\$14,124	\$15,301	\$16,478	\$17,655	\$18,832	\$20,009	\$21,186	\$22,363	\$23,540	\$23,541
2	\$15,930	\$19,116	\$20,709	\$22,302	\$23,895	\$25,488	\$27,081	\$28,674	\$30,267	\$31,860	\$31,861
3	\$20,090	\$24,108	\$26,117	\$28,126	\$30,135	\$32,144	\$34,153	\$36,162	\$38,171	\$40,180	\$40,181
4	\$24,250	\$29,100	\$31,525	\$33,950	\$36,375	\$38,800	\$41,225	\$43,650	\$46,075	\$48,500	\$48,501
5	\$28,410	\$34,092	\$36,933	\$39,774	\$42,615	\$45,456	\$48,297	\$51,138	\$53,979	\$56,820	\$56,821
6	\$32,570	\$39,084	\$42,341	\$45,598	\$48,855	\$52,112	\$55,369	\$58,626	\$61,883	\$65,140	\$65,141
7	\$36,730	\$44,076	\$47,749	\$51,422	\$55,095	\$58,768	\$62,441	\$66,114	\$69,787	\$73,460	\$73,461
8	\$40,890	\$49,068	\$53,157	\$57,246	\$61,335	\$65,424	\$69,513	\$73,602	\$77,691	\$81,780	\$81,781
FOR EACH ADDITIONAL PERSON ADD	\$4,160	\$4,992	\$5,408	\$5,824	\$6,240	\$6,656	\$7,072	\$7,488	\$7,904	\$8,320	\$8,320

The sliding Fee Scale is for uninsured private pay/self-pay clients who do not have private insurance or do not qualify for State funded health insurance. Or, underinsured clients who have private insurance that will not cover services.

Exempt charges include: School Linked Mental Health Services and Rule 25 Assessment.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ File No.: \_\_\_\_\_

A Diagnostic Assessment is billed at a rate of \$350.00 per session.  
 Individual Therapy services are billed at a rate of \$180.00 per hour.  
 Family Therapy services are billed at a rate of \$150.00 per hour.  
 Psychological Testing is billed at a rate of \$175.00 per hour.

If you do not have health insurance or if your insurance does not cover the services you receive at North Homes, Inc., you may be eligible for a discounted payment rate. Please provide two pay stubs or the previous year's W2 form for income verification.

Family Size \_\_\_\_\_  
 Annual Net Wages \_\_\_\_\_  
 Client Is Eligible for \_\_\_\_\_ % Discount

Please remember to tell us if your income changes, you become enrolled for health insurance coverage, or if you need to renegotiate this agreement. We want to offer quality services at reasonable rates that you can afford.

This authorization shall remain in effect until otherwise cancelled by representative.  
 In the event of non-payment, the bill will be sent to collections.

Client's Signature/Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Nominal Fee: Clients receiving a full discount will be assessed a \$10 nominal charge per visit. However, clients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

Staff use only:

Verification Checklist:	YES	NO	INITIAL
Prior W2 Form, two most recent pay stubs, or other			

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