

HBHW OMHC SERVICES2024

Notice to All Patients of HBH Wellness

As an Outpatient Mental Health Center serving the needs of the community, we have chosen not to refuse mental health care services to individuals because of the inability to pay.

Discounts for services are offered dependent upon income as determined by a discounted Sliding Fee Schedule (below) when insurance is not an option.

You may apply for a discount at the administrative office located at 2415 Maryland Ave., Baltimore, MD 21218

↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
2	\$ 0 - \$1703	\$1704 - \$2129	\$2130 - \$2555	\$2556 - \$2981	\$2982 - \$3407	> greater than \$3407
3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
4	\$ 0 - \$2600	\$2601 - \$3250	\$3251 - \$3900	\$3901 - \$4550	\$4551 - \$5200	> greater than \$5200
5	\$ 0 - \$3048	\$3049 - \$3810	\$3811 - \$4573	\$4574 - \$5335	\$5336 - \$6097	> greater than \$6097
6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 per additional person	

Medical Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Amount	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$182.00

Sliding Fee Schedule of Discounts is based on 2024 Federal Poverty Level (FPL).

HBHW BEHAVIORAL HEALTH SERVICES 2024

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Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 per additional person	

Behavioral Health Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Individual Therapy	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$182.00
Group Therapy	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Clinical Psychiatry	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$182.00