

Valeo Behavioral Health Care, Inc.
 Sliding Fee Scale
 Effective 12/1/22

		Intake/Eval	Individual	Group	Med Check	Med Check	Comm Psych	Targeted	Attendant Care	Psych. Txnt	No Show				
	% of Liability	Crisis Hourly	Hourly	Session	MD Event	RN Event	Support Hourly	Case Mgmt Hourly	Hourly	Group Hourly	Appt.				
Full Fee		220.00	229.13	60.00	193.62	50.00	144.36	100.00	27.84	56.72	45.00				
H1	10.0%	22.00	22.91	6.00	19.36	5.00	14.44	10.00	2.78	5.67	4.50				
H2	15.0%	33.00	34.37	9.00	29.04	7.50	21.65	15.00	4.18	8.51	6.75				
H3	20.0%	44.00	45.83	12.00	38.72	10.00	28.87	20.00	5.57	11.34	9.00				
H4	25.0%	55.00	57.28	15.00	48.41	12.50	36.09	25.00	6.96	14.18	11.25				
H5	30.0%	66.00	68.74	18.00	58.09	15.00	43.31	30.00	8.35	17.02	13.50				
H6	35.0%	77.00	80.20	21.00	67.77	17.50	50.53	35.00	9.74	19.85	15.75				
H7	40.0%	88.00	91.65	24.00	77.45	20.00	57.74	40.00	11.14	22.69	18.00				
H8	45.0%	99.00	103.11	27.00	87.13	22.50	64.96	45.00	12.53	25.52	20.25				
H9	50.0%	110.00	114.57	30.00	96.81	25.00	72.18	50.00	13.92	28.36	22.50				
FF		220.00	229.13	60.00	193.62	50.00	144.36	100.00	27.84	56.72	45.00				
		Residential	Group	Outpt	Intensive	Reintegration	Detox	Evaluation							
		Treatment	Therapy	Treatment	Outpt										
	% of Liability	Daily	Hourly	Hourly	Daily	Daily	Daily	Event							
FF		198.00	60.00	104.00	137.28	131.04	175.00								
H1	10.0%	19.80	6.00	10.40	13.73	13.10	17.50	150.00							
H2	15.0%	29.70	9.00	15.60	20.59	19.66	26.25	(flat fee is the same							
H3	20.0%	39.60	12.00	20.80	27.46	26.21	35.00	for all codes)							
H4	25.0%	49.50	15.00	26.00	34.32	32.76	43.75								
H5	30.0%	59.40	18.00	31.20	41.18	39.31	52.50								
H6	35.0%	69.30	21.00	36.40	48.05	45.86	61.25								
H7	40.0%	79.20	24.00	41.60	54.91	52.42	70.00								
H8	45.0%	89.10	27.00	46.80	61.78	58.97	78.75								
H9	50.0%	99.00	30.00	52.00	68.64	65.52	87.50								
FF		198.00	60.00	104.00	137.28	131.04	175.00								

Valeo Behavioral Health Care provides services regardless of the ability to pay. Valeo provides a Sliding Fee Scale to all persons served. To qualify for the sliding fee scale the following information is required:

TOTAL dependents are living in the household, currently working, etc... Valeo requires all persons served to provide proof of income. That would include, pay stubs, Work Comp \$, Child Support, SSI, SSDI, Food Stamps or W2's, any income they are receiving. The information is required at Intake. This is verified Annually.

Any questions or concerns regarding your fees can be answered by the Billing department at 785-228-1142 Monday through Friday 8 am to 4 pm.