

COOS HEALTH AND WELLNESS POLICY REGARDING CONSUMER FEES

You are expected to pay for the services you receive according to your ability to pay. Mental Health services are supported by State and County funds. In order to maintain the services needed for Coos County residents, it is necessary to supplement these funds through fees. Fees are determined on a sliding scale based on your household's gross monthly income and the number of dependents in your household. You are responsible for providing the Business Office proof of your income and notifying them of any changes in your financial situation. Your fee will be adjusted accordingly. No person otherwise eligible for services will be refused services because of an inability to pay.

PAYMENTS ARE DUE AT THE TIME OF SERVICE UNLESS PRIOR ARRANGEMENTS ARE MADE. No person, otherwise eligible for services, will be refused services because of an inability to pay.

If you have Medicaid or Oregon Health Plan coverage, bring your medical card with you each time you come for service. If you have insurance coverage, your insurance company will be billed for the full cost of the services. You, however, are responsible only for your assigned fee.

Coos Health and Wellness's Sliding Fee Schedule

This chart shows the discounted fee you will be expected to pay if you provide proof of income and your insurance or assistance benefits do not cover the full cost of services. Otherwise, you will be responsible for the full balance due.

Monthly Income Range for each Sliding Fee Amount based on 2026 Federal Poverty Level

# in Family	<138% FPL	139-150%	151-175%	176-200%	>200%
1	\$0-1,835	\$1,836-1,995	\$1,996-2,328	\$2,329-2,660	\$2,661+
2	\$0-2,489	\$2,490-2,705	\$2,706-3,156	\$3,157-3,607	\$3,608+
3	\$0-3,142	\$3,143-3,415	\$3,416-3,984	\$3,985-4,553	\$4,554+
4	\$0-3,795	\$3,796-4,125	\$4,126-4,813	\$4,814-5,500	\$5,501+
5	\$0-4,448	\$4,449-4,835	\$4,836-5,641	\$5,642-6,447	\$6,448+
6	\$0-5,101	\$5,102-5,545	\$5,546-6,469	\$6,470-7,393	\$7,394+
7	\$0-5,755	\$5,756-6,255	\$6,256-7,298	\$7,299-8,340	\$8,341+
8	\$0-6,408	\$6,409-6,965	\$6,966-8,126	\$8,127-9,287	\$9,288+
For each additional person add	653	653	710	828	946
FEE	\$ -	\$ 5	\$ 8	\$ 10	Full Fee

Note 1: The minimum fee for the first session (enrollment and open file) is \$10.

Note 2: No person eligible for services will be refused services because of an inability to pay.

Note 3: Any unpaid account balances for a client that has been closed for services may be sent to an outside collection agency only after internal collection efforts have failed to result in full payment on any accounts 180 days past due.

The chart below lists the cost per hour for Coos Health and Wellness to provide mental health services. These costs are billed to your insurance company, Medicare, Medicaid, Oregon Health Plan or other assistance benefit payer.

Provider	Assessment	Individual Treatment	Group Treatment	Screening Service	Crisis Service
Psychiatrist	\$1239	\$708	\$268	n/a	n/a
Nurse Practitioner	\$1002	\$668	\$217	n/a	n/a
Registered Nurse	n/a	\$296	\$112	n/a	n/a
QMHP	\$634	\$362	\$137	\$423	\$423
QMHA/Peer	n/a	\$283	\$107	n/a	n/a