

Beacon Mental Health Sliding Scale Fees

Self-Pay Fee Scale				
Poverty Level	100% of Poverty or lower	Up to 200% of Poverty	Up to 300% of Poverty	300% of Poverty or higher
Family Size	50% discount	40% discount	30% discount	20% discount
1	<\$15,960 annually	\$31,920 annually	\$47,880 annually	>\$47,880 annually
2	<\$21,640 annually	\$43,280 annually	\$64,920 annually	>\$64,920 annually
3	<\$27,320 annually	\$54,640 annually	\$81,960 annually	>\$81,980 annually
4	<\$33,000 annually	\$66,000 annually	\$99,000 annually	>\$99,000 annually
5	<\$38,680 annually	\$77,360 annually	\$116,040 annually	>\$116,040 annually
6	<\$44,360 annually	\$88,720 annually	\$133,080 annually	>\$133,080 annually

Sliding Fees-2025/26				
Service	50% Discount Fee	40% Discount Fee	30% Discount Fee	20% Discount Fee
Intake Assessment	62.50	75.00	87.50	100.00
Psych Evaluation	110.00	132.00	154.00	176.00
Med Check	30.00	36.00	42.00	48.00
Therapy	60.00	72.00	84.00	96.00
Psychosocial Rehab Group	18.00	21.20	25.20	28.80
Group Therapy per hour	26.00	31.20	36.40	41.60
Case Management	60.00	72.00	84.00	96.00