

Uniform Patient Fee Schedule
Community Mental Health Services
Attachment C to DMH Notice 98-13
Effective October 1, 1989

Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles					Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles						
	1	2	3	4	5 or more		1	2	3	4	5 or more		
	Medi-Cal Eligible Area**					1950 – 1999	1029	926	833	750	675		
0 – 569	37	33	30	27	24	2000 – 2049	1142	1028	925	833	750		
570 – 599	40	36	32	29	26	2050 – 2099	1268	1141	1027	924	932		
600 – 649	45	40	36	32	29	2100 – 2149	1407	1266	1139	1025	923		
650 – 699	50	45	41	37	33	2150 – 2199	1562	1406	1265	1139	1025		
700 – 749	56	50	45	41	37	2200 – 2249	1734	1561	1405	1265	1139		
750 – 799	63	57	51	46	41	2250 – 2299	1925	1733	1560	1404	1264		
800 – 849	71	64	58	52	47	2300 – 2349	2136	1922	1730	1557	1401		
850 – 899	79	71	64	58	52	2350 – 2399	2371	2134	1921	1729	1556		
900 – 949	89	80	72	65	49	2400 – 2449	2632	2369	2132	1919	1727		
950 – 999	99	90	80	72	65	2450 – 2499	2922	2630	2367	2130	1917		
1000 - 1049	111	100	90	81	73	2500 – 2599	3275	2948	2653	2388	2149		
1050 – 1099	125	112	101	91	82	2600 – 2699	3482	3134	2821	2359	2285		
1100 – 1149	140	126	113	102	92	2700 – 2799	3695	3326	2993	2694	2425		
1150 – 1199	156	140	126	113	102	2800 – 2899	3915	3524	3172	2855	2570		
1200 – 1249	177	159	143	129	116	2900 – 2999	4139	3725	3353	3018	2716		
1250 – 1299	200	180	162	146	131	3000 – 3099	4370	3933	3540	2186	2867		
1300 – 1349	226	203	183	165	149	3100 – 3199	4607	4146	3731	3358	3022		
1350 – 1399	255	230	207	186	167	3200 – 3299	4850	4365	3929	3536	3182		
1400 – 1449	288	259	233	210	189	3300 – 3399	5099	4589	4130	3717	3345		
1450 – 1499	326	293	264	238	214	3400 – 3499	5458	4912	4421	3979	3581		
1500 – 1549	368	331	298	268	241	3500 – 3599	5830	5247	4722	4250	3825		
1550 – 1599	416	374	337	303	273	3600 – 3699	6214	5593	5036	4532	4079		
1600 – 1649	470	423	381	343	309	3700 – 3799	6610	5949	5354	4819	4337		
1650 – 1699	531	478	430	387	348	3800 – 3899	7018	6316	5684	5116	4604		
1700 – 1749	600	540	486	437	393	3900 – 3999	7438	6694	6025	5423	4881		
1750 – 1799	678	610	549	494	445	4000 – 4099	7870	7083	6375	5738	5164		
1800 – 1849	752	677	609	548	493	4100 – 4199	8314	7483	6735	6062	5456		
1850 – 1899	835	752	677	609	548	Above \$4200 add \$400 for each \$100 additional income.							
1900 - 1949	927	834	751	676	608								

*Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made on the financial intake form.

**Medi-Cal eligible. The shaded Medi-Cal eligible area identifies income levels presumed eligible if client meets Medi-Cal eligibility requirements.

The above information was provided by the California Department of Mental Health in accordance with Sections 5717 and 5718 of the Welfare and Institutions Code.

10/20/89

No one will be denied access to services due to inability to pay;
and there is a discounted/sliding fee schedule available based on
family size and income.