



18 Old Post Road, South, Croton-on-Hudson, NY 10520
3136 NY 207, Suite 203, Campbell Hall, NY 10916
1578 Williamsbridge Road, 3E Bronx, NY 10461
877-551-0404

EMBRACE THERAPY SLIDING FEE DISCOUNT PROGRAM POLICY

Embrace Therapy is devoted to providing mental health treatment to all who are in need. Our dedication is shown in having several insurances paneled with the practice to facilitate access to mental health treatment. In addition, we have enrolled a sliding fee discount policy program for those who have financial limitations which prevent them from receiving clinical services. This program provides discounted fees to patients whose household income is at or below 200% of the current Federal Poverty Guidelines (FPG). The practice remains committed to equitable access and will ensure that eligibility assessments and payment processes do not create barriers to care.

Scope

This policy applies to all potential patients who do not have insurance or have a high deductible.

Definitions:

- Household: All persons occupying a housing unit related by blood, marriage, adoption, or economic interdependence.
- Income: Gross annual income prior to deductions, including wages, public benefits, child support, pensions, and other sources

Discounts are offered for all billable clinical services.

Eligibility Criteria:

1. Eligibility for sliding fee discounts is based on household size and household income, following the most recent Federal Poverty Guidelines.
2. Patients with household incomes:
 - 0-100% of FPG: Eligible for the highest discount (may include nominal fee only).
 - 101-150% of FPG: Eligible for a moderate discount.
 - 151-200% of FPG: Eligible for a partial discount.
3. The practice will not discriminate based on race, color, sex, gender identity, national origin, disability, religion, sexual orientation, or ability to pay.
4. A uniform Sliding Fee Schedule (SFS) will be updated annually based on current FPG

Application Process

3. Patients may request a Sliding Fee Application at any time.
4. Applications must include proof of income (e.g., pay stub, tax return, benefit letter).
5. No patient will be denied care due to inability to fully document income. Reasonable alternative methods may be accepted, including written attestation when documentation cannot be provided.
6. Staff will review applications within 10 business days.
7. Approved discounts remain valid for 12 months, unless household circumstances change sooner.

Payment Requirements:

1. Discounted payments (including nominal fees) are due at the time of service unless a payment plan is arranged.
2. Payment expectations must not create barriers to accessing care. Reasonable exceptions, payment plans, and flexibility will be offered.

Confidentiality:

All information submitted as part of the application process will be treated as confidential and maintained in the patient record.

Program Fee Scale:

Discount %	Rate
25%	\$150.00
50%	\$100.00
75%	\$50.00

