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## **EMBRACE THERAPY SLIDING SCALE 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

### **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
  - • 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:**

1. A Patient may request a Sliding Fee Application at any time.
2. Applications must include proof of income (e.g., pay stub, tax return, benefit letter).
3. Staff will review applications and reply within 10 business days. Please send your documents to [spierrelouis@iemtherapy.com](mailto:spierrelouis@iemtherapy.com)

4. Approved discounts remain valid for 6 months, unless household circumstances change sooner.
5. Request for updated documentation will be required to remain in the program

**Payment Requirements:**

1. Discounted payments are due at the time of service.

**Confidentiality;**

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

**Program Fee Scale:**

2026		2025		Embrace Therapy					
Sliding Fee Scale for Medical Services 2026									
(All Amounts are Annual Gross Incomes)									
Family Size	Poverty Level	Poverty	Level	Poverty	Level	Poverty	Level	Poverty Level	
	0-100%	101 -	150%	151 -	200%	176 -	200%	201%	
	LEVEL A	LEVEL	B	LEVEL	C	LEVEL	D	LEVEL E	
	From Zero To	From	To	From	To	From	To	Greater Than	
1	15,960	15,961	23,940	23,941	27,930	27,931	31,920	31,921	
2	21,640	21,641	32,460	32,461	37,870	37,871	43,280	43,281	
3	27,320	27,321	40,980	40,981	47,810	47,811	54,640	54,641	
4	33,000	33,001	49,500	49,501	57,750	57,751	66,000	66,001	
5	38,680	38,681	58,020	58,021	67,690	67,691	77,360	77,361	
6	44,360	44,361	66,540	66,541	77,630	77,631	88,720	88,721	
7	50,040	50,041	75,060	75,061	87,570	87,571	100,080	100,081	
8	55,720	55,721	83,580	83,581	97,510	97,511	111,440	111,441	
	<b>Out of pocket cost</b>	\$10-\$25	\$45-\$65		\$75-\$105		\$70	No Discount	
If more than 8 family members add an additional \$5,680 per family member.									
Individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines may only be charged a									
<b>nominal fee of \$10-\$25</b> for a visit									