



BMCC Client Assistant Program Enrollment

This program is set up for our clients that are unable to pay for services. Our regular cost for services is at a rate of \$100.00 per hour. With the understanding that the services we offer may be costly, it is important to us that we meet the needs of all of our clients and provide service to the community. As a professional courtesy, we may provide our services at a discounted rate for a client in need of assistance. Please feel free to ask questions or express concerns about this process. As a non-profit, we are fortunate to receive donations and grants to assist in covering the cost of our services in order to provide healing to more clients in need. So we offer the BMCC Client Assistant Program (CAP).

Insurance

The Black Mountain Counseling Center is “In Network” with several insurance companies, Medicaid, and Medicare. Other insurance can be filed as “Out of Network.” Please contact your insurance company to confirm your mental health benefits and co-pay amount. If you are unable to pay the required copay or deductible you may enroll in the CAP.

Uninsured Assistance:

This assistance, known as “Sliding Fee Schedule” can help assist those clients whom do not have insurance or are underinsured and unable to pay the price of the session. Our counselors have agreed to work at a discounted rate as part of their passion and commitment to serve others in need. These resources are limited and therefore must be based on expressed financial need.

In order to qualify for counseling services at these discounted rates, you must provide documentation of household income such as a pay stub from the previous month. Your per session rate will be determined by your gross household income and number of dependents (please see Sliding Fee Schedule Chart below).

Payment is due at the time of service.

The agreed upon payment is _____ per session based upon current information. A review may be initiated at any time by either the counselor or the person agreeing to make payment.

Parent/Guardian or Financially Responsible Person	Date
Counselor	Date
Administrator	Date

SLIDING FEE SCHEDULE

Gross Annual Income			NUMBER OF DEPENDENTS			
			1	2	3	4
\$0	-	\$9,999	10	10	10	10
\$10,000	-	\$13,999	20	10	10	10
\$14,000	-	\$17,999	30	20	10	10
\$18,000	-	\$21,999	40	30	20	10
\$22,000	-	\$25,999	50	40	30	20
\$26,000	-	\$29,999	60	50	40	30
\$30,000	-	\$33,999	70	60	50	40
\$34,000	-	\$37,999	80	70	60	50
\$38,000	-	\$41,999	90	80	70	60
\$42,000	-	\$45,999	100	90	80	70
\$46,000	-	\$49,999	100	100	100	80
\$50,000	-	\$53,999	100	100	100	100
\$54,000		OVER	100	100	100	100