Summit Pointe

Sliding Fee Scale

Sliding Fee Scale (SFS) for qualified people who are Uninsured or Under insured, for qualified Mental Health or SUD services:

Sliding Fee Scale daily visit amounts (SFSdva) are based on your ability to pay as established by State Law and Administrative Rules.

Annual Income Limits in the chart are based on the 2025 Federal Poverty Level guidelines and are updated annually.

Your SFSdva is determined at least annually and whenever your financial situation changes.

Documentation of your Annual Income and Family Size are required before a final, discounted SFSdva is approved.

The primary source of income documentation required is your State or Federal tax return (form 1040).

Sliding Fee Scale daily visit amount (SFSdva) Chart:

Income Category_	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
Family Size							
1	Up to \$20867	Up to \$31300	Up to \$39125	Up to \$46950	Up to \$54775	Up to \$62600	Greater than \$62600
2	Up to \$28200	Up to \$42300	Up to \$52875	Up to \$63450	Up to \$74025	Up to \$84600	Greater than \$84600
3	Up to \$35533	Up to \$53300	Up to \$66625	Up to \$79950	Up to \$93275	Up to \$106600	Greater than \$106600
4	Up to \$42867	Up to \$64300	Up to \$80375	Up to \$96450	Up to \$112525	Up to \$128600	Greater than \$128600
5	Up to \$50200	Up to \$75300	Up to \$94125	Up to \$112950	Up to \$131775	Up to \$150600	Greater than \$150600
6	Up to \$57533	Up to \$86300	Up to \$107875	Up to \$129450	Up to \$151025	Up to \$172600	Greater than \$172600
7	Up to \$64867	Up to \$97300	Up to \$121625	Up to \$145950	Up to \$170275	Up to \$194600	Greater than \$194600
8	Up to \$72200	Up to \$108300	Up to \$135375	Up to \$162450	Up to \$189525	Up to \$216600	Greater than \$216600
Add for each							
additional							
family member:	\$7,333	\$11,000	\$13,750	\$16,500	\$19,250	\$22,000.00	
Sliding Fee Scale							
Based on annual income and family size provided to SP and applied to the SFSdva Chart above.							
Your Income Category	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>E</u>	<u>G</u>
Services Excluding Residential/Inpatient Services	\$0	\$15	\$30	\$50	\$75	\$105	Ŧ

F - Full Feescreen is charged upto the monthly maximum calculated under Michigan Compiled Law 330.1818-1820 and Administrative Rule R330.8242