

Dana A. Max, Psy.D., P.C.

Licensed Clinical Psychologist

(303) 347-8498 (office)

5860 South Curtice Street
Littleton, Colorado 80120

(303) 347-2011 (facsimile)

Sliding Fee Agreement

I, _____, certify that I do not have Medicaid or any other health insurance or I certify that if I have another health insurance, besides Medicaid, that I will not utilize that health insurance for services rendered by Dr. Max) and that due to my current financial situation, I cannot afford the full fee rate of \$165/session (Medicaid recipients must use their Medicaid benefits). I therefore, request that my fee be adjusted according to the Sliding Fee Scale published by Dr. Max (see below). I currently earn _____ per month and support _____ people on this income (please attach most recent year’s tax return).

Therefore, I understand that the fee for services with Dana A. Max, Psy.D. will be _____ /session and is payable at the time of each session (unless other arrangements are made with him in advance). I further understand that I will not be charged for any appointments that are cancelled at least 24 hours in advance. I understand that appointments not cancelled at least 24 hours in advance are subject to a \$45.00 “Late Cancellation” charge. I understand that appointments that are missed without any notification are subject to a \$55.00 “No Show” charge. I understand that I am totally and fully responsible for all these charges as they apply. I certify that I will notify Dr. Max of any changes in my financial situation within 30 days of the change and understand the fee may change according to my updated financial situation.

Signature

Date

Single Person Family Income		Two Person Family Income		Three People Family Income		Four People Family Income		Five People Family Income		Six People Family Income	
< \$18,200.00	\$80	<\$24,700.00	\$80	<\$31,200.00	\$80	<\$37,600.00	\$80	<\$44,100.00	\$80	<\$50,600.00	\$80
\$20,250.00	\$85	\$26,365.00	\$85	\$32,480.00	\$85	\$38,505.00	\$85	\$44,625.00	\$85	\$50,740.00	\$85
\$22,300.00	\$90	\$28,030.00	\$90	\$33,760.00	\$90	\$39,410.00	\$90	\$45,150.00	\$90	\$50,880.00	\$90
\$24,350.00	\$95	\$29,695.00	\$95	\$35,040.00	\$95	\$40,315.00	\$95	\$45,675.00	\$95	\$51,020.00	\$95
\$26,400.00	\$100	\$31,360.00	\$100	\$36,320.00	\$100	\$41,220.00	\$100	\$46,200.00	\$100	\$51,160.00	\$100
\$28,450.00	\$105	\$33,025.00	\$105	\$37,600.00	\$105	\$42,125.00	\$105	\$46,725.00	\$105	\$51,300.00	\$105
\$30,500.00	\$110	\$34,690.00	\$110	\$38,880.00	\$110	\$43,030.00	\$110	\$47,250.00	\$110	\$51,440.00	\$110
\$32,550.00	\$115	\$36,355.00	\$115	\$40,160.00	\$115	\$43,935.00	\$115	\$47,775.00	\$115	\$51,580.00	\$115
\$34,600.00	\$120	\$38,020.00	\$120	\$41,440.00	\$120	\$44,840.00	\$120	\$48,300.00	\$120	\$51,720.00	\$120
\$36,650.00	\$125	\$39,685.00	\$125	\$42,720.00	\$125	\$45,745.00	\$125	\$48,825.00	\$125	\$51,860.00	\$125
\$38,700.00	\$130	\$41,350.00	\$130	\$44,000.00	\$130	\$46,650.00	\$130	\$49,350.00	\$130	\$52,000.00	\$130
\$40,750.00	\$135	\$43,015.00	\$135	\$45,280.00	\$135	\$47,555.00	\$135	\$49,875.00	\$135	\$52,140.00	\$135
\$42,800.00	\$140	\$44,680.00	\$140	\$46,560.00	\$140	\$48,460.00	\$140	\$50,400.00	\$140	\$52,280.00	\$140
\$44,850.00	\$145	\$46,345.00	\$145	\$47,840.00	\$145	\$49,365.00	\$145	\$50,925.00	\$145	\$52,420.00	\$145
\$46,900.00	\$150	\$48,010.00	\$150	\$49,120.00	\$150	\$50,270.00	\$150	\$51,450.00	\$150	\$52,560.00	\$150
\$48,950.00	\$155	\$49,675.00	\$155	\$50,400.00	\$155	\$51,175.00	\$155	\$51,975.00	\$155	\$52,700.00	\$155
\$51,000.00	\$160	\$51,340.00	\$160	\$51,680.00	\$160	\$52,080.00	\$160	\$52,500.00	\$160	\$52,840.00	\$160
\$53,000.00+	\$165	\$53,000.00+	\$165	\$53,000.00+	\$165	\$53,000.00+	\$165	\$53,000.00+	\$165	\$53,000.00+	\$165

Based on 2018 HHS Poverty Guidelines (150% of Poverty) for Low End
80% Median Household Income for Arapahoe County (2016 Census Bureau) on High End