CENTRAL VIRGINIA'S PREFERRED PROVIDERS (CVPP)
SLIDING FEE DISCOUNT SCHEDULE

Central Virginia's Preferred Providers (CVPP) utilizes a Sliding Fee Discount Program ("SFDP") consistent with Health Resources and Services Administration (HRSA) and National Health Service Corps (NHSC) requirements. Eligibility for discounted services is determined based solely upon household income and family size using the current Federal Poverty Guidelines (FPG).

The following Sliding Fee Discount Schedule applies to eligible uninsured and self-pay patients approved through the CVPP Sliding Fee Discount Program application and verification process.

Patients whose household income exceeds 200% of the Federal Poverty Guidelines are generally not eligible for discounted services under this schedule.

SLIDING FEE ELIGIBILITY TIERS

Tier 1
0%–100% of Federal Poverty Guidelines

Tier 2
101%–150% of Federal Poverty Guidelines

Tier 3
151%–200% of Federal Poverty Guidelines

COVERED SERVICES AND DISCOUNTED FEES

Service	Tier 1	Tier 2	Tier 3
Psychiatric Evaluation	$135	$160	$185
Medication Management Follow-Up	$65	$80	$95
Individual Psychotherapy	$50	$65	$75
Medication-Assisted Treatment (MAT/MOUD) Follow-Up	$65	$80	$95

The Sliding Fee Discount Program applies only to covered behavioral health services approved under the CVPP Sliding Fee Discount Program policy. Additional services, administrative fees, no-show fees, record requests, laboratory services, and non-covered ancillary services are not included in this schedule unless otherwise approved through administrative review.

Patients approved under the Sliding Fee Discount Program are expected to make payment at the time services are rendered unless alternative arrangements have been approved by administration. Payment plans may be available when appropriate.

This Sliding Fee Discount Schedule is reviewed periodically and may be revised based upon operational needs, current Federal Poverty Guidelines, and applicable HRSA/NHSC requirements.

Patient Signature: _____

Approved By: _____

Title: _____

Date: _____