

# Osika & Scarano Psychological Services, P.C.

125 Broad Street, One Broad Street Plaza, Glens Falls, NY 12801  
430 Franklin Street, Schenectady, NY 12305

phone: 518.745.0079 fax: 518.745.4291 www.OSPsychServices.com

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## Sliding Fee Scale Policy

The purpose of the Sliding Fee Program is to provide financial assistance to eligible individuals and families who seek care at Osika & Scarano Psychological Services. This would include, but is not limited to, those patients with a very high co-payment, a deductible, or those that have no insurance. The sliding fee scale is available to patients seen at either the Glens Falls or the Elizabethtown offices. Packets are available for pick up in any of our patient waiting areas.

Upon calling to schedule your first appointment, please ask the phone intake worker to send you the informational packet about our sliding fee scale. Please complete the application printed on page 4, and return it to us at Osika & Scarano, 125 Broad Street, One Broad Street Plaza, Glens Falls, NY 12801.

Please be advised that if six months of non-payment occurs on any account, collection procedures will begin, even if the patient account was accepted into the Sliding Fee Program. After six months of non-payment, a \$50 processing fee and 18% APR will be added to the account balance and a collection agency will be notified to begin collection activity on your account.

Never is a patient in collections denied services.

### Instructions for completing application:

1. **Please print** and complete all sections. Remember to attach all proof of income or the application will be returned to you. This may delay our ability to provide you with assistance.
2. If you or any other adults in your household are not employed, each must provide a written statement which includes the following: it must state that you are not employed, have no income AND describe how you are being supported. This statement must be signed and dated.
3. Make sure to list every member of household. **Include complete legal names and birth dates.** Social Security Numbers are optional.
4. If you have Medical Insurance coverage, **please be sure to copy both sides of Insurance cards to submit with this application.** This insurance information **will not** affect your discount for the Sliding Fee Program. Please include your **Medicare and/or Medicaid Card.**
5. The Yearly Income section must be accurate. Proof of income must be supplied for each household member. Acceptable proof of income is as follows:
  - a. Copy of the front of your most recent Federal 1040 tax return **OR**
  - b. Copy of most recent pay stub (must be within the last 30 days) **AND/OR**
  - c. Copies of other monthly income, if applicable:
    - i. Monthly Unemployment benefits
    - ii. Monthly Worker's Compensation

iii. Monthly Social Security Income

iv. Monthly pension

v. Monthly rental income

vi. Monthly child support

vii. Other monthly income **AND/OR**

d. If you or a household member is a college student with no income, a copy of your most current transcript or tuition bill must be submitted.

6. Please remember to sign and date your application.

Please carefully review your application for completeness and return to:

Osika & Scarano Psychological Services

125 Broad Street

One Broad Street Plaza

Glens Falls, NY 12801

If you have any questions, or need help completing this application, please call us at (518) 745-0079.

**Osika and Scarano Psychological Services, PC**  
**Sliding Fee Schedule Based on Income and Family Size ONLY**

Poverty Level:	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size												
1	\$12,880	\$14,168	\$15,456	\$16,744	\$18,032	\$19,320	\$20,608	\$21,896	\$23,184	\$24,472	\$25,760	25761+
2	\$17,420	\$19,162	\$20,904	\$22,646	\$24,388	\$26,130	\$27,872	\$29,614	\$31,356	\$33,098	\$34,840	34841+
3	\$21,960	\$24,156	\$26,352	\$28,548	\$30,744	\$32,940	\$35,136	\$37,332	\$39,528	\$41,724	\$43,920	43921+
4	\$26,500	\$29,150	\$31,800	\$34,450	\$37,100	\$39,750	\$42,400	\$45,050	\$47,700	\$50,350	\$53,000	53001+
5	\$31,040	\$34,144	\$37,248	\$40,352	\$43,456	\$46,560	\$49,664	\$52,768	\$55,872	\$58,976	\$62,080	62081+
6	\$35,580	\$39,138	\$42,696	\$46,254	\$49,812	\$53,370	\$56,928	\$60,486	\$64,044	\$67,602	\$71,160	71161+
7	\$40,120	\$44,132	\$48,144	\$52,156	\$56,168	\$60,180	\$64,192	\$68,204	\$72,216	\$76,228	\$80,240	80241+
8	\$44,660	\$49,126	\$53,592	\$58,058	\$62,524	\$66,990	\$71,456	\$75,922	\$80,388	\$84,854	\$89,320	\$89,321
For each additional person, add:	\$4,540	\$4,994	\$5,448	\$5,902	\$6,356	\$6,810	\$7,264	\$7,718	\$8,172	\$8,626	\$9,080	\$9,080

**Based on the 2021 Federal Poverty Guidelines (FPG) for the 48 contiguous states, the District of Columbia, Puerto Rico and other outlying jurisdictions. Assumes a fee of \$150 for 60-minute sessions.**

**Patient Examples:**

A family of one that earns less than \$12,880 would any services is \$0.00.

For a family of one that earns between \$12,881 and \$14,168, there would be a 90% discount. This means that for an hour session (for which we charge \$150) you would pay \$15.

For a family of two that earns between \$17,421 and \$19,162, there would be a 90% discount. This means that for an hour session (for which we charge \$150) you would pay \$15.

Osika & Scarano Psychological Services, P.C.  
Sliding Fee Program Application

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Last Name	First Name	MI (use your full legal name)
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Mailing Address	Town	State	Zip Code	Telephone Number	E-mail Address
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Please list yourself, spouse, and all household members and dependents:

Name	Gender	Relationship	Date of Birth Month/Day/Year	Social Security Number OPTIONAL	Have Medical Insurance Yes / No	Yearly Income

I certify that the above information is true, and I hereby authorize Osika and Scarano Psychological Services to verify the above information. Osika and Scarano Psychological Services reserves the right to verification of any information supplied on this application. I will report any changes in my financial status to Osika and Scarano Psychological Services as those changes occur.

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Head of Household Signature	Date	Attachments
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