Lawrence County Health Department – Behavior Health
2101 James Street, Lawrenceville, IL 62439 (618) 943-3302

BEHAVIOR HEALTH / SUBSTANCE ABUSE ADJUSTED FEE SCHEDULE

A copy of this document must be provided to each client.

**All No-Show or Late Cancel appointments will be charged a $5.00 fee **

Eligible Clients: Self-Pay / Insurance

** Payment is due at the time of service **

Eligible Services:

- Individual Therapy
- Treatment Plan
- Case Management Client Centered Consultation / Mental Health
- Case Management / Transition & Linkage
- Psychiatric Medication Training or Monitoring

INCOME GROUP	*MONTHLY GROSS INCOME HOUSEHOLD SIZE (1)	FEE SHARE	FEE SHARE GROUP RATE
GROUP A & B	$0 - $3,990	$30/HR.	$15/HR
GROUP C	$3,991 - $4,655	$60/HR.	$30/HR
GROUP D	$4,656 - $100,000	$90/HR.	$45/HR
GROUP E	$100,000 - UP	$175/HR.	$60/HR

*** SEE FEDERAL POVERTY GUIDLINE CHART FOR ADDITIONAL PERSONS IN HOUSEHOLD/MONTHLY INCOME RANGES ***

IF INCOME EXCEES FEDERAL POVERTY GUIDELINES, PATIENT IS RESPONSIBLE FOR FULL FEE $175.00/HR.

PSYCHIATRIC SERVICES ADJUSTED FEE SCALE

****FULL FEE: $350.00/HR (Psych Eval) / $25 (1/4 HR) for Medication Monitoring**

	SELF/INSURANCE	SELF/INSURANCE
INCOME GROUP	PSYCH EVAL 1 HR	MED MONITORING
GROUP A & B	$100	$15
GROUP C	$200	$30
GROUP D	$200	$30
GROUP E	$350	$100

*** SEE FEDERAL POVERTY GUIDLINE CHART FOR ADDITIONAL PERSONS IN HOUSEHOLD/MONTHLY INCOME RANGES ***
IF INCOME EXCEEDS FEDERAL POVERTY GUIDELINES, PATIENT IS RESPONSIBLE FOR FULL FEE.

The following services require a non-refundable payment, in full, due at the time the appointment is scheduled.

DUI Evaluation: $160.00 DUI Update: $120.00 DUI Consultation: $120.00

Services listed below shall be paid via cash or credit/debit card only, paid in advance at the time the appointment is scheduled.

DUI Risk Education Class: $140.00 Substance Abuse Group – Based on Adjusted Fee Schedule

Substance Abuse – Based on Adjusted Fee Schedule

** REFER TO THE BACK OF THIS SHEET FOR THE FEDERAL POVERTY GUIDELINES TABLE. **

CLIENT ID#: _____ Revised: 09/08/2026

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2026 Poverty Guidelines

Persons in family/household	Poverty Guideline Annual	Group A <250%	Group B <300%	Group C <350%	Group D >351%
1	$15,960	$0 - 3,325	3,326 - 3,990	3,991 - 4,655	4,656 - 100,000
2	$21,640	$0 - 4,508	4,509 - 5,410	5,411 - 6,311	6,312 - 100,000
3	$27,320	$0 - 5,691	5,692 - 6,830	6,831 - 7,968	7,969 - 100,000
4	$33,000	$0 - 6,875	6,876 - 8,250	8,251 - 9,625	9,626 - 100,000
5	$38,680	$0 - 8,058	8,059 - 9,670	9,671 - 11,281	11,282 - 100,000
6	$44,360	$0 - 9,241	9,242 - 11,090	11,091 - 12,938	12,939 - 100,000
7	$50,040	$0 - 10,425	10,426 - 12,510	12,511 - 14,595	14,596 - 100,000
8	$55,720	$0 - 11,608	11,609 - 13,930	13,931 - 16,251	16,252 - 100,000

For families/households with more than 8 persons, add $5,680 for each additional person annually.

2026 HHS Federal Poverty Guidelines - 48 contiguous states and D.C.