



Focus Mental Health Services
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Sliding Fee Schedule by 2024 Poverty Levels						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Charge						
Family Size	Nominal Fee (\$5)	20% copay/ coinsurance	40% copay/ coinsurance	60% copay/ coinsurance	80% copay/ coinsurance	100% copay/ coinsurance
1	0-\$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121+
2	0-\$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881+
3	0-\$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641+
4	0-\$31,200	\$30,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401+
5	0-\$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161+
6	0-\$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921+
7	0-\$47,340	\$47,301 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681+
8	0-\$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441+
For each additional person, add	\$5,380	\$6,725	\$8,070	\$9,415	\$10,760	\$10,760