

LRADAC

FINANCIAL AGREEMENT AND FEE SCHEDULE

DATE: _____

CLIENT NAME: _____ **ACCT. NO.:** _____

FEE SCHEDULE: See reverse side for current fee schedule.

ACCOUNT STATEMENTS: You will receive a monthly statement from us that reflects the following information: statement closing date, prior monthly balance, payments and charges since the last statement, current balance pending insurance payments and current balance due from client. Payment is expected within 30 days of receipt of the monthly statement unless prior arrangements have been made with a payment plan.

PAYMENT PLAN: Clients are responsible for payment for services received according to the agency fee schedule. Such payment will be made in accordance with a payment plan developed by the client and the client accounts office.

BILLING/COLLECTION INFORMATION: If you are eligible for third party reimbursement, LRADAC will, on your behalf, file a claim for services rendered. You will receive a bill for the cost of any services not covered or any remaining balance due after the third party payor has paid. Third party payors include insurance carriers and Medicaid. If you fail to remit payment, or if you offer an invalid check, LRADAC reserves the right to seek the services of a collection agency and/or to collect outstanding balances through the S.C. Department of Revenue under the terms of the Setoff Debt Collection Act of 1988 (Section 12-56 and Section 12-4-580).

RESIDENTIAL SERVICES: If you are in residential services and leave between Friday and Sunday other than your prior arranged scheduled discharge date, you will be charged the regular daily rate through Monday of the week following your departure.

AGREEMENT: By your signature below, you are indicating that you understand and agree to the conditions stated above and that you received a copy of this agreement.

YOU ARE RESPONSIBLE FOR PAYMENT FOR SERVICES NOT COVERED BY YOUR INSURANCE COMPANY.

FEE SCHEDULE

The following fee schedule is effective May 15, 2004 for services provided by LRADAC, The Behavioral Health Center of the Midlands. Fees may change without notice.

TREATMENT SERVICES	PROPOSED FEE
Adolescent Education Group (4 sessions and 1 drug screen)-school referral	No Charge
ADSAP Assessment Fee	75.00 Fixed Fee
ADSAP Case Management Fee	100.00 Fixed Fee
ADSAP Inner-vision group, 6 weeks	425.00 Fixed Fee
ADSAP Out-of-State Fee	100.00 Fixed Fee
ADSAP PRI Group Counseling , 8 weeks	425.00 Fixed Fee
Ancillary Case Management (ANC)	14.00 Quarter Hr
Assessment Counseling (Assess)-up to 6 units	40.00 Half Hour
Case Management (CM)	14.00 Quarter Hr
Community Residence per day	20.00 Per Day
Consultation	40.00 Fixed Fee
Crisis Intervention (CI)	21.00 Quarter Hr
Day Treatment	22.00 Per Hour
DOT (Dept of Transportation) Assessment	40.00 Half Hour
DOT Case Management	150.00 Fixed Fee
DOT Drug Screen Collection	45.00 Fixed Fee
Family Group Counseling (FGC)	10.00 Half Hour
Family Member Counseling (FMC)	40.00 Half Hour
Family Unit Counseling (FC)	40.00 Half Hour
Gambling Services Package	500.00 Fixed Fee
Group Counseling (GC)	15.00 Half Hour
Homebound	100.00 Day
Individual Counseling (IC)	40.00 Half Hour
Intake Service, Per Session	15.00 Fixed Fee
Intensive In-Home Services – Family Services	35.00 Half Hour
Intensive Outpatient Services (IOP) Typical session is 3 hours = \$90	15.00 Half Hour
Involuntary Client Case Management	50.00 Fixed Fee
Medical Detox (M. Detox)	300.00 Day
Offender Based Intervention (OBI), (4 sessions)	225.00 Group
Offender Based Intervention (OBI), Service Assessment	40.00 Half Hour
Physical Examination (PE)	100.00 Fixed Fee
Prevention Education	65.00 Hour
MISCELLANEOUS SERVICES	PROPOSED FEE
Broken Appointment without Cancellation	15.00 Fixed Fee
Clinical Record Reports(Closed Records)	15.00 + .25/page
Drug Screen - Laboratory	30.00 Fixed Fee
Drug Screen - Confirmation	65.00 Fixed Fee
Drug Screen – Handheld	20.00 Fixed Fee
Drug Screen with consultation	60.00 Fixed Fee
Referral Applications	50.00 Fixed Fee
Returned Check Fee	25.00 Fixed Fee

Client Signature

Responsible Party Signature, Relationship to Client

Responsible Party SSN

Witness Signature