

**ASAC FINANCIAL AGREEMENT**

ASAC'S policy is that treatment services shall be available to everyone regardless of income. The total cost of each service you may receive from our program is listed below. Financial aid is available based on ability to pay and will be determined during your initial visit. You are expected to keep the portion of the bill that is your responsibility paid. Payment is expected when services are rendered. If you have insurance coverage that will cover the cost of our services, ASAC will bill your insurance provider the full cost of services provided. It is your responsibility to pay the balance not covered by insurance. However, if you are unable to pay all of the amount due, you may make arrangements with the billing person to pay at a later date or pay in installments. You may also have the amount of financial aid reviewed. Failure to make arrangements to pay past due accounts will result in the submission of your account to a professional collection agency.

**IF YOU HAVE BEEN PICKED UP FOR AN OWI/ZERO TOLERANCE, ALL RECOMMENDED TREATMENT MUST BE COMPLETED AND ALL FEES RELATING TO THAT TREATMENT PAID BEFORE ANY INFORMATION WILL BE RELEASED TO THE DOT. IF PAID BY CHECK, FORMS WILL BE HELD FOR 14 DAYS UNTIL CHECK CLEARS.**

**If proof of income is not available at the time financials are filled out, your fees will be set at the highest rate. An estimated fee will be entered according to the income that you record on the Financial Information Sheet. These fees may be subject to change when proof of income is submitted.**

<u>Type of Service</u>	<u>Agency Cost</u>	<u>Insurance Cost</u>	<u>Client Cost</u>		<u>Estimated Cost</u>
OWI Assessment	\$100.00	\$100	\$100	Assessment	\$100 Assessment
OWI Intake	\$50.00	\$50	\$50	Intake	\$50 Intake
Assessment/Intake	\$100.00	\$100	_____	Assessment/Intake	_____
Individual	\$75.00	\$75.00 per hour	_____	per hour	_____
Group Counseling	\$60.00	\$60.00 per hour	_____	per group hour	_____
Family Counseling`	\$90.00	\$90.00 per hour	_____	per hour	_____
Intensive Outpatient	\$100.00	\$100.00 per day	_____	per day	_____
Matrix Program	\$ 60.00	\$ 60.00 per day	_____	per day	_____
Urinalysis Screening	\$ 15.00	\$ 15.00	<u>\$ 15.00</u>	per screening	<u>\$ 15.00</u>
Residential – Adult	\$128.00	\$128.00 per day	_____	per day	_____
			_____	food cost per day	_____
Residential – Youth	\$130.00	\$130.00 per day	_____	per day	_____
ACT Group (youth)	\$125.00	Not covered	_____	total Act Group	_____
Under 18 OWI Class	\$115.00	Not covered	<u>\$115.00</u>	total cost	<u>\$115</u>

I understand that 24 hour notice must be given if I am unable to attend a scheduled session. **IT IS MY RESPONSIBILITY TO PAY FOR THE ACT GROUP OR THE UNDER 18 OWI CLASS. INSURANCE OR TITLE 19 WILL NOT BE BILLED.** Failure to attend the ACT or the Under 18 OWI class will result in my having to pay another fee for the group before I can reschedule.

Assessment/intake fee paid	_____	Client will be billed for assessment/intake	_____
No Show assessment/intake paid	_____	No Show assessment/intake fee billed	_____
Insurance will be billed	_____	Title 19/Medicaid will be billed	_____
Fee adjusted due to change of income	_____	Fee adjusted due to proof of income being provided	_____
Dept. of Human Services will be billed (assessment only)	_____	MHDD will be billed	_____
ACT Group fee paid	_____	Under 18 OWI class fee paid	_____

Comments: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date