BEHAVIORAL HEALTH CLIENT COST EXPLANATION AND AGREEMENT

San Luis Obispo Behavioral Health Department	☐ DAS 2180 Johnson Ave, San Luis Obispo, CA 93401 Phone: (805) 781-4275 FAX(805) 781-1227	☐ MH 2178 Johnson Ave, San Luis Obispo, CA 93401 Phone: (800) 838-1381 FAX (805) 781-1177

Guarantor-Primary Person responsible for Payment IF Other than Client:

Name	Phone	Social Security Number	
Address- Street	City	State	Zip

Other Private Health Insurance and Medicare Information

Health Insurance Company	Phone #	Group #	Effective Date	
Address- Street	City		State	Zip
Plan Member	Date of Birth		Member I.D. Number	

Employment Information

Name of Employer-*Check applicable selection* ☐Client's Employer ☐Parent's Employer ☐Spouse's Employer	Employer's Phone Number

☐Competitive Job Market ☐A. 35 hrs or more ☐B. less than 35 hrs

☐Non Competitive Job Market ☐C. 35 hrs or more ☐D. less than 35
(sheltered workshop/protected environment, etc)

PROGRAM STAFF ONLY

Income Information- Gross monthly income is income **before** taxes are deducted

Number of people dependent on income including the client	Family Gross Monthly Income→	$
Liquid Assets→ List all savings, bank balance, current market value of stocks, bonds & mutual funds	LIQUID ASSETS TOTAL→	$
	Asset allowance from table	$
	Remainder	$
	Divide Remainder by 12 and enter here	$
	Total Monthly Income	$

Allowable Expenses- Must be on a regular monthly basis

Court ordered obligations/Child Care payments (for employment)/ Dependent support payments	$
Medical expenses in excess of 3% of income	$
Mandated deductions from gross income for retirement plans (Social Security has been included in the schedule)	$
Total Allowable deductions	$
Adjusted gross monthly income	$
Annual deductible from UMDAP schedule→	$

UMDAP Adjustment and Approval

Reviewed and Deductible set by	Staff Name (print)	Date
Deductible adjusted to $	Reason deductible was adjusted:	

Approved by Program Supervisor	Date	Location
CLIENT NAME	CLIENT NUMBER	

CLIENT NAME	CLIENT NUMBER

PLEASE WAIT-TO BE FILLED OUT WITH BEHAVIORAL HEALTH STAFF

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Your cost for treatment at San Luis Obispo County Behavioral Health Services is based on a State formula which determines your ability to pay according to your family income and size. A family will pay either the full cost of treatment or the annual deductible, whichever is LOWER. The full cost of treatment is based on the amount of time your family members spends receiving behavioral health services.

Your family's deductible is set for a twelve-month period beginning with the first month of behavioral health services. Although your deductible covers a period of twelve calendar months, you will be obligated to pay the full cost of your treatment up to the amount of your annual deductible. As long as your financial situation remains the same, you will never be obligated for more than your annual deductible, even though the cost of your care may be higher.

If you have medical insurance, it is necessary for Behavioral Health Services to submit a claim for the full cost of service to the insurer. The amount paid for your service by the insurance carrier will be applied to the cost of service. You are still responsible for your annual deductible amount. In the case that your payments and those of your insurance company exceed the actual charges, you will be refunded the difference.

Your Behavioral Health deductible is $_____, which covers the annual charge period beginning _____and ending_____

PLEASE CHECK ONE:

- ☐ I agree to pay my $_____ deductible in full today/during my next visit.
- ☐ I agree to pay my $_____ deductible by making payments of $_____every _____, and to pay any remaining balance within a month of my last Behavioral Health treatment.
- ☐ I agree to pay my $_____ deductible if I do not provide verification of Medi-Cal eligibility for each month I receive Behavioral Health services.

Contact us if:

(1)You are unable to pay your fee
(2)Your income goes up or down
(3)There are any changes in the number of people dependent on your income

You may call your therapist or the billing office (781-4702) if you have any questions regarding your bill.

- San Luis Obispo Johnson Clinic 781-4700
- Atascadero Clinic 461-6060
- Youth Services 781-4179
- Arroyo Grande Clinic 473-7060
- San Luis Obispo South Street 781-4850
- Martha's Place 781-4948
- Kinship Center 434-2449

Please *Note: Behavioral Health requests that you bring* ***exact*** *change or pay by check as we do not have change available.*

Signature of Patient or Responsible Person	Date
Signature of Behavioral Health Staff	Date