COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

CLIENT COST EXPLANATION AND AGREEMENT

Your provider will explain the cost of services to you. In some cases, you must pay a reasonable fee for the services you receive. Contact your provider or the Billing office at (805) 781-4702 right away if:

- You are unable to pay your fee
- Your income/the number of people dependent on your income change
- You get (or lose) private insurance
- **You get (or lose) Medi-Cal**

☐ **Full Scope Medi-Cal (May include Medi-Medi)**
We accept Full Scope Medi-Cal as payment in full if **you remain eligible**. If you lose your Medi-Cal, you must pay for your services. Please let your provider know as soon as possible so we can help you regain your Medi-Cal or set fees.

☐ **Other Funding Sources (8500)**
County Referrals: AB109, Probation, Superior Court, Department of Social Services (DSS), Child Welfare Services, Family Treatment Court, Youth Treatment Services, School Referrals and Driving Under the Influence (DUI) Program Referrals. Drug and Alcohol Services receives grant money or is contracted by other agencies to provide services at no cost to you while you are enrolled in specific programs. If you also have Medi-Cal in San Luis Obispo, your Medi-Cal will be billed first.

☐ **Share of Cost (SOC) Medi-Cal (May include Medi-Medi)**
Some types of Medi-Cal have a monthly Share of Cost that you must pay before Medi-Cal covers the cost of treatment. The services you receive from every provider apply toward your Share of Cost. Call the Billing Office at 781-4702 to learn about how we help with your Share of Cost or talk to your Eligibility Technician at Department of Social Services to see if you qualify for full scope Medi-Cal, which has no Share of Cost.

Your monthly Share of Cost is: $_____

Client Name:_____ Client Number: _____

Annual period begins _____and ends: _____

My signature below confirms my understanding of the cost of services.

Client or Responsible
Person's Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____