

COOK INLET COUNSELING

P.O. BOX 882 KENAI, AK 99611
PHONE (907)283-3658 ♦ FAX (907)283-5046

FINANCIAL CONTRACT

The cost for treatment at CIC is as follows:

• Substance Abuse Assessment	(Includes Screening & Assessment UA)	\$311.61	
• Integrated Assessment	(Includes Screening & Assessment UA)	\$576.88	
• Individual Counseling	\$103.00	• Case Management	\$112.28 per hr.
• Group Counseling	\$57.68 per hr.	• Breath Test	\$25.00
• ADIS Only	\$200.00	• UA	\$45.00

Monthly Service Payment *REQUIRED*

- Monthly Service Payment Amount \$ _____ No Less Than \$25.00
- Payment Amount Is **REQUIRED** For ALL Clients W/Medicaid, W/O Medicaid, Insured Or Uninsured.
- Payment Begins 30 days from the date of your appointment.
- Payments are strongly encouraged as services are provided

Your total annual household income is: \$ _____

If you have a financial hardship, please ask for a sliding fee scale form.

For clients entering treatment, CIC offers a sliding fee payment agreement for those who need assistance financially. In order to be approved, you will need to bring in the financial information listed on the attached Eligibility Determination Worksheet within 10 days. If you do not bring the required information, you will be billed at the full fee. You will be notified what level you qualify for on the sliding fee scale by the finance department.

THIRD PARTY BILLING

If a third-party billing source is intended as a payment method, the following is required:

1. CIC is authorized to release any information required to process insurance or other third-party claims.
2. Payments from third party payers need to be paid directly to CIC.
3. You are responsible for paying any non-covered services and/or partially covered charges.
4. You are responsible for providing all information necessary to file a claim. Failure to do so will result in you being fully responsible for the cost of services.
5. Even with insurance, etc. you are responsible for keeping your account current. A payment is due on your account every month even if you expect insurance to cover the cost but has not paid.

COLLECTION

If your account becomes 90 days past due, CIC is authorized to turn your account over to a collection agency. Federal law regulating confidentiality (CFR 45 and HIPAA) allow CIC to disclose such billing information as is necessary to collect fees without written consent from you when an active business associate's agreement between the agency and CIC exists.

REMINDER Monthly Service Payments are required for ALL Clients; Please provide the total amount you choose to pay monthly. If an amount is NOT included, the minimal amount of \$25.00 will be added for you.

Client Name (Please Print): _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____