

LRADAC

FINANCIAL AGREEMENT AND FEE SCHEDULE

DATE: _____

PATIENT 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 patient. Payment is expected within 30 days of receipt of the monthly statement unless prior arrangements have been made with a payment plan.

PAYMENT PLAN: Patients 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 patient and the patient accounts office.

Third Party Reimbursement Declaration: Check the **ONE** appropriate box indicating your choice/status regarding third party payers.

- I currently have **NO** third party (Insurance) coverage
- I have **CHOSEN** not to provide my insurance information.
- I do not currently have information on my third party (insurance) coverage. I understand that it is my responsibility to provide this information. A delay in getting this information can cause denial of all benefits.
- I have third party (insurance) coverage that may provide payment for services at LRADAC. I am providing **ALL** information necessary to process this claim. **Following are the name(s) of ALL of my third Party (insurance) payment sources:**

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. PLEASE NOTE FEE SCHEDULE ON REVERSE SIDE.

LRADAC Fee Schedule

This fee schedule is effective January 2020. Fees may change without notice.

ADSAP SERVICES - Typical services listed, additional services may be provided and billed accordingly.	FEE
ADSAP Assessment (PRI Education Services)	75.00 Fixed Fee
ADSAP Assessment (Diagnostic Assessment; if needed to determine referral to Innervision or Treatment)	165.00 Fixed Fee
ADSAP Case Management Fee	100.00 Fixed Fee
ADSAP Out-of-State Fee	150.00 Fixed Fee
ADSAP PRI Education Services- (Education Groups Sessions – closed group)	425.00 Fixed Fee
ADSAP Innervision Level I Intervention Services- (Intervention Groups Sessions)	65.00 per session
Service Plan Development (Innervisions and ADSAP Treatment Services)	50.00 per session
ADSAP Treatment Services – See Treatment Services listed below Based on the results of your assessment, you may be placed in Treatment services and/or Education services.	See Treatment Services Fees
DETOX SERVICES – Typical services listed, additional services may be provided and billed accordingly.	
Intake Service	20.00 Fixed Fee
Physical	85.00 Fixed Fee
Diagnostic Assessment	165.00 Fixed Fee
Medical Detox Treatment Services	400.00 per Day
Service Plan Development – with patient present	50.00 per session
OUTPATIENT SERVICES – Typical services listed, additional services may be provided and billed accordingly.	
Intake Service	20.00 Fixed Fee
Diagnostic Assessment - Initial	165.00 Fixed Fee
Diagnostic Assessment – Follow-up	85.00 Fixed Fee
Behavioral Health Screen	30.00 Fixed Fee
Group Therapy, Group Counseling	65.00 per session
Group Rehabilitative Psychosocial Services	40.00 per Hour
Individual Therapy, Individual Counseling, Individual Rehabilitative Psychosocial Services	100.00 per Hour
Intensive Outpatient Group Counseling (IOP)	40.00 per Hour
Day Treatment Counseling	35.00 per Hour
Targeted Case Management	45.00 per 15 min
Family Support	40.00 per Hour
Family Therapy	100.00 per Hour
Crisis Management	80.00 per Hour
Service Plan Development – with patient present	50.00 per session
Service Plan Development – without patient present	30.00 per session
Individual Peer Support Services	65.00 per Hour
Group Peer Support Services	20.00 per Hour
Individual Peer Support Services – outside of agency	75.00 per Hour
MISCELLANEOUS SERVICES	
Alternative Services	Fees Vary
Alcohol Education Program (AEP) Fees (4 sessions)	100.00 Fixed Fee
Clinical Record Reports (Copy of Records)	15.00 + .25/page
MAT – Nursing Assessment	33.87 Fixed Fee
MAT – Medical Evaluation (15 min, 30 min)	45.37 - 67.37 Fixed
MAT – Lab screening	15.00 Fixed Fee
Drug Screen - Laboratory	65.00 Fixed Fee
Drug Screen - Confirmation	65.00 Fixed Fee
Drug Screen – Handheld	20.00 Fixed Fee
Offender Based Intervention (OBI), Service Assessment	40.00 Half Hour
PTI Education Group (4 hour group)	150.00 Fixed Fee
Referral Applications	50.00 Fixed Fee
Additional services offered upon request or at the recommendation of counselor	Fees Vary