

COUNTY OF SAN BERNARDINO – DEPARTMENT OF BEHAVIORAL HEALTH  
CLIENT PAYMENT AGREEMENT

FAMILY ACCOUNT NO. \_\_\_\_\_  
F.R.C. \_\_\_\_\_

\_\_\_\_\_  
*Client Name*

\_\_\_\_\_  
*Client Number*

**UMDAP DEDUCTIBLE AND FEE PER SERVICE:**

We are required by the State of California to charge our clients according to their ability to pay as determined by a set schedule based on income, assets, number of eligible dependents and other factors.

This agreement covers the service period of \_\_\_\_\_ through \_\_\_\_\_ .

To maintain this agreement, it is important that you contact us within thirty (30 ) days if there are changes in your: (1) mailing address or phone number, (2) income or the number of people dependent on that income, or (3) medical benefits.

If none of the above changes occur:

Another interview will be required before your first service in \_\_\_\_\_ .

**UMDAP ANNUAL DEDUCTIBLE**

Behavioral Health Program  
Billed per family account number

**FEE PER SERVICE**

Alcohol and Drug Program  
Billed per client/chart number

I agree to pay \$ \_\_\_\_\_ or the actual cost of service,  
whichever is less, to be paid at \$ \_\_\_\_\_  
per installment.

I agree to pay \$ \_\_\_\_\_ per service or cost of service  
whichever is less, to be paid monthly as accrued.

**I DECLINE AN INTERVIEW AND AGREE TO PAY FULL COST OF SERVICES**

If eligible for Medi-Cal:

**I AGREE TO PROVIDE PROOF OF MEDI-CAL ELIGIBILITY** for each month of service. If this proof is provided, UMDAP and per-service fees will not be charged for Medi-Cal-covered services unless those services have been used to meet a Medi-Cal share of cost.

Check any items that apply:  Medi-Cal  Medicare  Court-ordered  Insurance  V.A.  HMO, PPHP, PPO, etc.

Failure to provide the forms, information, and signatures required to bill the above coverages will invalidate your UMDAP deductible and/or Fee Per Service and you will be liable for the full cost of your services. We are required to bill the above coverages for the full cost of your services. Your UMDAP deductible will be applied to any remaining annual balance and your Per Service Fee will be applied to any remaining monthly balance after these coverages have paid or denied the claim(s). (See reverse side for more details.)

**A service will be covered under either UMDAP or Fee Per Service** depending on which program is providing the service. Since it is possible for a clinic site to offer several program types, check with the clinic clerk at the time your appointments are being made as to which payment plan applies to you. Current rates are posted in the clinic and are subject to change without notice.

REMARKS \_\_\_\_\_

I understand that I will be responsible for the cost of services rendered by staff on my behalf, such as plan development, place, etc. The cost will be included as part of the UMDAP/fee for service.

I understand that I am responsible for all legal and attorney fees if legal action is required due to failure to pay this account in full in a timely manner and/or failure to comply with the other requirements stated within this agreement.

I authorize payment to be made directly to the County of San Bernardino Department of Behavioral Health of any Medi-Cal, Medicare, and medical insurance benefits that I may have and I authorize the release of any information necessary to process these claims.

I have read both sides of this agreement and I understand and agree to the billing and collection policies described herein.

\_\_\_\_\_  
*Signature of Responsible Party*

\_\_\_\_\_  
*Date*

SELF  PARENT  LEGAL SPOUSE  COMMON-LAW  OTHER \_\_\_\_\_

F.I. Clerk \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

## EXPLANATION OF POLICIES

### BILLING AND COLLECTIONS

To comply with the State Department of Mental Health's UMDAP (Uniform Method of Determining Ability to Pay) billing and collection requirement, and OADP's (Office of Alcohol and Drug Programs) billing and collection requirements, the following policies are in effect:

1. Prior to receiving services, all new clients are required to be interviewed by a financial interviewer, to determine their annual deductible (share of cost). Without this determination, the total cost of service will be billed to the client. A financial interview is required annually, or more often when requested. Clients' share of cost is based on income and the number of family dependents.
2. Your **UMDAP Deductible** is owed when the service cost is incurred. This is not based on the number of services or the length of time in treatment. The client payment agreement is a courtesy extended to you.
3. **Fee for Service** is based on the actual number of services received and is owed at the time of each visit.
4. Separate billing statements are mailed for Behavioral Health and/or Fee Per Visit services indicating the total due on your account(s) at the time the statement was printed. You can pay the total due or make monthly payments as agreed at the time of your interview. These monthly payment arrangements will not be shown on your billing statement.

Accounts more than **90 days delinquent** will be considered for collection action. This includes accounts set at total cost for lack of cooperation. Once legal action has been initiated by the collection officer, the client will be held responsible for all court costs and attorney's fees incurred, including the account balance.

### THIRD PARTY COVERAGE

Third party billing coverage is based on requirements mandated by the state. State funds allow us to offer services at a **reduced cost (your UMDAP deductible/fee for service charge)**. Please read the sections below carefully. One or more sections may apply to you.

1. **Medicare and Insurance:** If you are insured, State Law requires that your insurance company be billed for the full cost of your services. Your failure to provide this Department with the required insurance information and/or forms will cause you to be billed **TOTAL CHARGES**. Medicare, as well as most insurance companies, does not pay 100% of billed costs. Therefore, monthly payments are required on UMDAP deductible/fee for service balance.
2. **Medi-Cal:** If you are currently covered by Medi-Cal, you are required to provide us with a Medi-Cal sticker or copy of your card for each month of service. **If you have been referred to Medi-Cal or SSI/SSA**, you may be billed for the full cost of service until a copy of your Medi-Cal card, stickers, or proof of denial is provided. **Failure to comply will make you responsible for the full cost of service(s).**
3. **HMOs, PPHPs, PPOs, etc.:** These plans (available through Medicare, Medi-Cal and some insurance companies) require that you use their contracted doctors and/or facilities. They will not pay for nonemergency services without prior written authorization. Therefore, if you are receiving Outpatient services and change to one of these plans, you will be required to receive services through the designated care provider. **You will be responsible for the full cost of any nonemergency service received after the effective date of an HMO, PPHP, PPO, etc.** Some plans will cover a crisis service, and/or hospital stay; however, they do not always pay 100% of costs and you will be held responsible for any unpaid balance of a crisis service and/or hospital stay, up to the amount of your UMDAP deductible.

### COURT-ORDERED SERVICES

Court-ordered services are at **your expense** (as adjusted by UMDAP/fee per service) unless specifically stated otherwise in the court order. If another party is to pay, a copy of the court order must be furnished to the billing department at the time of your first service.