



FAX #: 972-962-7376

Financial Responsibility Disclosure

We at Burning Tree appreciate the confidence you have placed in us to care for the client. We take that commitment very seriously and endeavor to provide state of the art treatment. One aspect of the treatment experience is the cost and financial obligations that accompany a prolonged residential substance abuse program. Outlined below are the expenses and payment options available for the stay at Burning Tree.

The monthly treatment cost is billed at a rate of \$7200/month. The **maximum** cost of treatment at Burning Tree for a twelve month stay exclusive of ancillary charges is \$86,400. _____(INITIAL). We further require a \$3,000.00 deposit upon admission. This deposit will be used for medical needs such as visits to the doctor and prescriptions. Furthermore, \$10.00/screening will be charged for drug screenings that will be periodically administered during the clients stay here. In addition to this medical account, a separate allowance account will be established on the client's behalf. This account contains money allocated for weekly leisure activities such as bowling and movies. The clients are eligible to receive \$25.00 (\$50 last week of the month) per week. The responsible party decides the size of this account. The client is solely responsible for requesting funds for this. Payment for treatment is due on thirty-day intervals from the original admission date. An invoice will be sent each month, ten days prior to the due date. * See attached page for a more detailed billing explanation.*

The treatment fee is non-refundable. In the case of advance payments, there will be no treatment refund when the client is discharged Against Staff Advice (ASA) or as Non-Compliant. Medical & Personal Account refunds will be made 30 days after discharge for all discharges. Any other refunds due will be made 30 days after discharge.

We offer a 10% reduction in the treatment cost if you choose to pay four months of treatment upon admission. The portion of this payment covering the active month of treatment, at the non-discounted rate is non-refundable in the case of an ASA or a Non-Compliant discharge. You are still required to make the \$3,000 medical deposit and will be billed for this account as needed. Payment for the remaining months of treatment will be billed at \$7200/month.

I, _____, understand the payment and refund policy outlined in this disclosure. As the financially responsible party, I agree to pay for the treatment of _____, at the rate of \$7200/Month or \$25,920 month 1-4 and \$7200/Month each additional month (circle one).

Signature

Date

Address

City/State Zip

Home phone

Work phone

The required \$3,000.00 medical deposit will go into an account used for medical purposes. This account is used to cover the cost of medications, doctor's visits, psychiatric consultation, drug screening, massage (upon approval only), etc. Each month, along with an invoice for treatment you will receive a statement of the medical account balance. Attached to this statement will be all original receipts that have been paid from this account. A negative balance on this statement represents the amount of money remaining in the account. For example, upon depositing the \$3,000.00 your balance will show as -\$3,000.00. When this account reaches a level of -\$200 or less you will be invoiced for an additional \$3,000.00. Should this account become overdrawn (have a positive balance) you will be invoiced for \$3,000.00 + the positive balance. _____ (INITIAL)

The cost to repair any intentional damage caused to Burning Tree property by a client will be charged to that client's account. _____ (INITIAL)

We require all clients to see our Psychiatrist / Addictionologist for an initial evaluation. Clients will need ongoing medication management if they are taking anti-depressants or neurological/psychological medications; these visits may need to be weekly, biweekly or monthly. Staff may recommend weekly psychotherapy if such expertise can enhance the client's resolution of therapeutic problems. We do not file insurance nor assist you in filing. You will be solely responsible for filing with your insurance company. _____ (INITIAL)

The pharmacy accepts many prescription insurance plans. We will need a copy or original of the front and back of this card. Should our pharmacy not accept your plan, every effort will be made to locate a local pharmacy that does accept such coverage. If we are unable to locate such pharmacy you will be responsible for filing any insurance claims for reimbursement. _____ (INITIAL)

We use a reputable and reasonably priced medical group and dentist for all non-emergency medical needs. Unless transferring from a facility that will forward your medical records, you will receive a physical, blood work-up and TB test upon arrival. Optional services at an additional cost are testing for HIV, Hep C, STDs, a liver profile or Pap smear. We will inform you in advance should the need arise for specialized care. _____ (INITIAL)

We can only approximate the costs of these important tests, although we fully expect the costs to be under \$215 dollars. _____ (INITIAL)

Any ambulance trips or emergency room visits will be billed directly to you. These charges will not be paid by or billed to us. _____ (INITIAL)

Massage is offered to our clients on Sundays for an additional charge of \$30-50/half-hour or \$60-100/hour (charge may vary depending on type of massage and varying massage therapists). Please check the boxes that indicate if you will or will not agree to pay for this service:

I authorize do not authorize _____ to receive half-hour and/or hourly massages. _____ (INITIAL) Client's Printed Name

This is only a basic list of charges that may be incurred by clients at Burning Tree. It is possible that further services will be required. _____ (INITIAL)

Payer's Printed Name

Payer's Signature

Please FAX this form to 972-962-7376 when completed.

Thank you for the confidence you have placed in Burning Tree. If you have any questions please contact your admissions specialist @ 972-962-7374. We look forward to being of assistance to you.