



Financial Responsibility Disclosure/Guarantor's Agreement

Client Printed Name

Guarantor Printed Name

We at Burning Tree appreciate the confidence you have placed in us to care for your 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 obligation 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 cost of treatment tuition is billed at a rate of **\$264/day**, and averages around \$8,000 per month, depending on the actual number of days in the billing period. We do not file insurance nor assist you in filing. You will be solely responsible for filing with your insurance company. Tuition will be billed in monthly intervals from the original admission date. An invoice will be mailed monthly, ten days prior to the due date. Please note that rates are subject to change without notice, however are customarily driven by annual cost increases as determined by budgetary adjustments at the beginning of each fiscal year, January 1. _____ (Initial)

There will be no treatment refund for active month of treatment when the client is discharged Against Staff Advice (ASA) or as Non-Compliant (NC). _____ (Initial).

We offer a 5% 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. This discounted rate is available for the next four month treatment segments as well. _____ (Initial)

We require a \$3000.00 medical deposit upon admission. This deposit will be used for medical needs such as doctors' visits, psychiatric assessment and subsequent visits, prescriptions, drug screening, massage (upon approval only) and other expenses incurred. Each month you will receive a statement of the medical account along with an invoice for treatment. Attached to this statement will be all original receipts that have been paid from this account. A negative balance on this statement represents the money remaining in the account. For example, upon depositing the \$3,000.00 your balance will reflect - \$3,000.00. When this account reaches a level of -\$200.00 or less, you will be invoiced for an additional \$3,000.00. Should this account be overdrawn (have a positive balance) you will be invoiced for \$3,000.00 + the positive balance. _____ (Initial)

In addition to the 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 \$125.00/month (\$150.00 for months containing 5 Fridays). You will not be billed for this account; each client is solely responsible for requesting funds to replenish their personal account. _____ (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 medical records, all clients are required to receive a physical, blood work-up and TB test upon arrival. Optional services at an additional cost are testing for HIV, Hepatitis-C, STDs, a liver profile or PAP smear. We will inform you in advance should the need arise for specialized care. _____ (Initial)

All clients are required to see our Psychiatrist for an initial psychiatric evaluation. If clients are taking anti-depressants or neurological/psychological medications, they will need ongoing medication management; these visits may be weekly, biweekly or monthly. Staff may also recommend on-going therapy with a psychiatrist or specialty contract therapist if such expertise can enhance the client's resolution of therapeutic problems. The cost for each visit will be deducted from the medical account. We do not file insurance nor assist you in filing. You will be solely responsible for filing with your insurance company. _____ (Initial)

Our pharmacy accepts many prescription insurance plans for medications. We will need the insurance card or an enlarged copy of the front and back of the 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)

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 message and varying massage therapist). Please check the boxes that indicate if you agree to pay for this service:

I authorize do not authorize _____ to receive half-hour and/or
(Client's Name)

hourly massages. _____ (Initial)

Family Program is a mandatory three-day workshop with the families and their loved ones during the course of treatment. The cost will be \$1000 for the workshop and will include up to four participants, including the client in treatment, and \$250 per each additional attendee. The fee for family program will appear on the invoice for the month of the workshop.

_____ (Initial)

As part of treatment, Burning Tree provides Psychological testing services rendered by a licensed psychologist, beginning with a screening battery including the following tests:

- a. Hooper Visual
- b. Shipley-Hartford (3 parts)
- c. Bender-Gesalt
- d. Housetree Person
- e. Suicide Probability Scale
- f. MMPI-2

The initial screening cost is \$130.00, and is billed to the client's medical account. After analysis of the screening tests, the psychologist may recommend additional tests. The client's counselor will contact you and explain the results and the possible need for further testing. These additional tests will be quoted on a case-by-case basis and must have your approval before they are rendered. _____ (Initial)

At the discretion of the clinical team, clients at Burning Tree will likely be required to participate in a trauma/relationship workshop. The cost of this workshop is \$400.00, which covers a pre-trauma group session as well as the 4-day workshop. The guarantor will be notified in advance of the client's participation in the workshop. _____ (Initial)

Optional Neurofeedback Services:

Burning Tree is providing Neurofeedback services at an introductory rate of \$35 per half hour session with a minimum of 125 sessions. In addition, there is an initial QEEG (brain map to determine the areas of the brain needing attention) with 2 follow up QEEG's ranging from \$425-\$650 each. This is a significant per-session discount over outside providers and is being offered for a limited time only, however, any client beginning Neurofeedback during the introductory period will be given this rate until completion.

I authorize do not authorize payment for Neurofeedback Therapy. _____ (Initial)

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

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)

All refunds will be processed 30 days after discharge. _____ (Initial)

I acknowledge by my signature below that I understand all items listed above and I am willing and capable of providing the resources necessary for successful completion of treatment at Burning Tree (8-14 months in length, based on addiction history, response to treatment and overall progress) for _____.
(Client Name)

Furthermore, I understand the payment and refund policy outlined in this disclosure.

(Signature) (Printed Name of Guarantor) (Date)

(Billing Street Address)

(City, State & Zip Code)

(Home Phone) (Cell Phone)