



For Office Use Only
Client # _____
Admission Date _____
Method of Payment _____
Payment Amount _____

## 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 **\$21,000 for the 1st month and \$13,000/month for the remainder of treatment**. 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. \_\_\_\_\_ (Initial)

Credit cards are accepted with the exception of the first month or in conjunction with the 5% prepaid discount. All credit card payments will be charged a 2.5% convenience fee. \_\_\_\_\_ (Initial)

**Treatment Fee Refund Policy in the Case of a Discharge Against Staff Advice (ASA) or Non-Compliance**

- Discharging within 48 hours of admission: Guarantor will be charged a \$3,150 administrative fee.
- Discharging during month one, beyond 48 hours of admission: The treatment fee will be pro-rated on a weekly basis and there will be no refund for the active week.
- Discharging beyond month one: The treatment fee will not be refunded for the active month of treatment.
- All refunds are processed 30 days after discharge.  
\_\_\_\_\_ (Initial).

We offer a 5% reduction in the full price treatment cost if you choose to pay four months of treatment upon admission, \$19,950 for the 1st month, and 12,350/month for month 2-4. 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 NC discharge. This discounted rate is available for the next four month treatment segments as well. \_\_\_\_\_ (Initial)

Burning Tree provides Neurofeedback services. As many as three QEEG's (brain map to determine the areas of the brain needing attention) are required for Neurofeedback. These services are included in the monthly treatment fee. \_\_\_\_\_ (Initial)

Burning Tree clients may attend equine therapy sessions as determined by the clinical team. These services are also included in the monthly treatment fee. \_\_\_\_\_ (Initial)

We require a \$3,500.00 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 \$3,500.00 your balance will reflect -\$3,500.00. When this account reaches a level of

-\$200.00 or less, you will be invoiced for an additional \$3,500.00. Should this account be overdrawn (have a positive balance) you will be invoiced for \$3,500.00 + 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. We require that you fund this account with \$1500 upon admission. This money will not be available to a client upon an unsuccessful discharge. The balance will be refunded to the payer 30 days after discharge. \_\_\_\_\_ (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 massage 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. The initial screening cost is \$1,900.00 and is billed to the client's medical account. After analysis of the screening tests the psychologist may recommend additional tests. The psychologist 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)

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 (10-14 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)

Please note if the client has any of the following insurance coverage's:

Health \_\_\_\_\_  
Pharmacy \_\_\_\_\_  
Vision \_\_\_\_\_  
Dental \_\_\_\_\_

Please provide copies, front and back, of all insurance cards with this form prior to admission. Failure to provide these copies may delay access to needed medications or cause you to be billed in full for the medications.

\*\*\*\*\*Please, do not mark or write on any part of this form other than the requested information. \*\*\*\*\*  
Forms will not be accepted with additional writing. Speak with your admissions specialist for any further questions you may have.