

Rock County Human Services Department

Client Financial Policy

We would like to take this opportunity to thank you for choosing us as your mental health care provider. We are committed to your treatment being successful. We are a county agency and rely upon Federal, State, County, client and other funding sources to pay for the services we offer. Depending on your financial resources and available benefits, you may be responsible to pay for a portion or all of the fees associated with the services provided to you.

Please read and acquaint yourself with this policy to avoid any misunderstandings with our billing procedures. If you have any questions or concerns regarding this policy, please contact our Billing Unit at 608-757-5099.

FINANCIAL INFORMATION

To better serve you, it is important that your financial information and eligibility for insurance be current and correct. In order to qualify for a sliding fee adjustment and for us to bill your insurance our **Financial Information Form (FIN-002) must be completed**. This form will collect information about household monthly gross income, number of dependents and eligible insurances.

Please bring in any and all insurance, Medical Assistance, Medicare cards, and your Social Security number.

Proof of income is also required for a sliding fee adjustment; eligible documentation includes:

- Two most recent pay stubs with year-to-date earnings,
- Most recently filed and signed income tax return, or
- Social Security Benefits, Pension, Adoption Assistance or Unemployment payment documentation.

The maximum monthly fee per household is based upon a State uniform fee schedule using your gross monthly income and number of dependents. It is the maximum fee your household will be billed per month (a month being a calendar month). Our unit billing rates for services are detailed on the attached schedule

If you choose not to disclose your household gross monthly income or insurance information, you will then waive your right to a reduced monthly fee and you will be charged the full rate for services rendered. Upon completion of the Financial Information Form or insurance information is provided, existing liability may be retroactively adjusted.

If your determined monthly maximum fee creates a documentable hardship on the family (such as the forced sale of the family's home or cessation of an education program), you may apply for a further reduction based upon your income and household expense. This application may be obtained from the clinic receptionists or Billing Unit office; completion of this application is not a guarantee of approval.

AODA Treatment: It is important that you understand that the federal grants under which the county is able to pay for AODA treatment define themselves as the payment source of "last resort". If you have another means to have treatment paid for, you are required to utilize those sources before the county can pay for your AODA treatment. Other means include the programs identified above and also the Intoxicated Drivers Program, Veterans Administration, Probation and Parole, and possibly other free or low cost programs in the community. You may be required to contact those other programs and provide proof that they are unable to assist you prior to being considered eligible for this funding.

MEDICAL ASSISTANCE / MEDICARE

We will bill Medical Assistance and Medicare at the beginning of every calendar month for the previous month of services. Any and all co-pays are your responsibility. For Medicare, you will be billed no more than your determined monthly maximum fee.

If you have any questions or concerns regarding your co-pays, our Billing Unit office will be glad to assist you. To better serve you, please inform us of any changes regarding your eligibility for Medical Assistance and Medicare.

PRIVATE INSURANCE/HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

We will bill your private insurance at the beginning of every calendar month for the previous months' services. You will receive a bill after we receive either a payment or denial from your insurance company. Co-payments, deductibles and non-covered charges are your responsibility. Any prior authorizations required by your insurance company are your responsibility.

WORKER'S COMPENSATION

We do not bill Worker's Compensation. We will send you a monthly statement, which you can submit to your employer's human resource department. You will be held responsible for your bill.

INDIVIDUAL BILLING STATEMENTS

We will bill you for any unpaid liability on the 15th of every calendar month for the services rendered in the previous month. The required payment listed on the statement is due within 30 calendar days. Billing statements will continue to be mailed out until the entire outstanding balance is satisfied. Payments received will be applied to the oldest period of service for which liability remains.

We accept cash, checks and money orders. All checks and money orders may be made payable and mailed to:

**Rock County Human Services
Accounting Department
P. O. Box 1649
Janesville, WI 53547-1649**

When making payment, please be sure to include the name and account number to which you want the payment applied. There is a \$25.00 (twenty-five dollar) charge for checks returned for non-sufficient funds.

Payments may also be made at both Franklin Street and Eclipse Center locations.

Pay In Person Locations

Franklin Street
113 S. Franklin St.
Janesville, WI 53548
608.757.5850

Eclipse Center
64 Eclipse Center
Beloit, WI 53511
608.363.6200

If you are unable to make your expected payment, please contact our Billing Unit to discuss potential arrangements.

COLLECTION OF DELINQUENT ACCOUNTS

An account is considered delinquent when a determination has been made that an ability to pay exists, that no payment has been made in over 90 days, and that 3 or more contacts have been made to secure payment.

RESPONSIBLE PARTY

A divorce decree cannot assign responsibility for your children's cost of services. Divorce decrees are only binding between the two parties who made the agreement. Even though the decree states that the other parent is responsible for the children's medical bills, it is the parent who brings the child in for services who will be held responsible for their bill.

Client's Signature

Date