

St. Clair County Community Mental Health Authority
Patient Responsibility Agreement

Individual Name: _____

Case #: _____

- **Fees for Services**

If you have both Medicaid and a commercial insurance, the total cost of your treatment will be covered. If you do not have Medicaid, you will be responsible to pay for the cost of your services. If you are insured with a Health Maintenance Organization (HMO), you will need a referral prior to receiving services. If you fail to obtain a referral, you will be charged the full cost of services.

You may be eligible for financial assistance under the Federal Poverty Guideline. The sliding fee scale is based on gross income and family size. Depending on where you fall on the scale, you may be eligible for a \$0 - \$40 fee per service. Proof of gross income is required to be on file to determine eligibility for a sliding fee scale. Failure to complete the sliding fee scale application, provide proof of income, and sign the fee determination will result in you having to pay your regular copays, coinsurance and/or deductible through your commercial insurance, as well as full cost of services not covered by your insurance. If you fail to make payment within 30 days of receiving your first bill, your services will be terminated. You must notify us of any changes in your insurance coverage. If you lose Medicaid during your course of treatment, you must reapply within 7 days and submit evidence of such.

- **Cancellations/No-Shows**

There is currently a very high demand for mental health services; therefore, it is important that you prioritize your services. If you need to cancel your appointment, please do so at least 24 hours in advance, so your appointment time can be offered to someone else. Your services will be terminated if you cancel or no-show three consecutive times.

- **Medication Refills**

Refill requests are not automatically approved. It is at the discretion of the prescriber if a refill request will be approved and sent to the pharmacy. They may choose not to approve a refill request due to many factors. If a prescriber chooses not to approve a refill request, you will be notified in a timely manner. If you do not have an appointment currently scheduled with a prescriber, it is unlikely the prescriber will complete a refill request. It is best to call 5 days prior to running out of medication to ensure you do not run out of medications as it often takes up to 3 business days for a request to be approved and sent to the pharmacy. Please check with your pharmacy to ensure that there are no refills left on the current prescription prior to calling the refill line.

The phone number for the refill line is 810-966-2594. Please state your full first and last name, date of birth, your phone number, medications requested and your preferred pharmacy. Failure to leave all of this information will likely delay the process.

Signature

Printed Name

Date