

Residential Program Fee Agreement

Pre-paid fees are based on the level of care and are paid on a (30-day) basis. Payment in full is due at the time of the client's admission and each month thereafter at the beginning of the treatment month. Turning Point of Tampa offers this pre-payment arrangement based on the client's commitment for his/her treatment:

Prepaid Monthly Cost for 1 - 30 Days: \$12,000.00 Daily Per Diem Rate: \$400.00
Prepaid Monthly Cost for 31 - 60 Days: \$10,500.00 Daily Per Diem Rate: \$350.00
Prepaid Monthly Cost for 61 - and over Days: \$9,750.00 Daily Per Diem Rate: \$325.00
Prepaid Monthly Cost for Day Treatment: \$9,750.00 Daily Per Diem Rate: \$325.00

These prices do **NOT** include psychiatrist, medications, lab work, personal spending money, and the family program.

Other Expenses:

- Psychiatrist (one time charge) \$500.00
- Family Weekend Program \$500.00

There is a State of Florida required RPR blood test for each client. The typical charge for this is approximately \$18.90. If a client needs this to be completed by Turning Point of Tampa the charge will come out of the escrow account.

Client Spending/Escrow Account: Clients are encouraged to bring \$300.00 of personal spending money to treatment. This will be retained in an escrow account for the client to draw on throughout his or her treatment stay. This account is used for client's spending allowance, medications, and any other personal items the client might need. Any balance remaining in this account will be returned to the client upon discharge.

REFUND POLICY:

For those clients leaving Turning Point of Tampa prior to completion of the first 30 days of treatment, the following fees will be charged (note that after 20 days in treatment there would be no funds left for refund):

- Administrative Fee \$ 4,000.00
- Psychiatric Fee \$ 500.00
- Plus Daily Per Diem Rate \$ 400.00

If discharge is after the first 30 days, the corresponding per diem rate will apply.

I acknowledge that under my insurance policy I have partial day treatment available. If I decide to use this benefit I understand it will be my responsibility to pay the room and board charges in order to live in a sober environment while in this program at the rate of \$40.00 per day.

Patients are drug tested (usually weekly) throughout the program. If we suspect drug use, we may test more often. If you have insurance coverage, our outside laboratory Millennium Health will bill your insurance carrier.

I agree that any payments I make may be applied to self-pay fees. I understand that any money paid toward my deductible, copays, or room and board will be applied to my outstanding balance should insurance deny coverage at any point in time.

In the event the guarantor is not present to sign fee agreement, it is understood that you, the client, are ultimately responsible for such charges, and that you accept this money as a gift from guarantor/payer to pay for said fees, and hold harmless Turning Point of Tampa from any actions that may arise from guarantor/payer regarding this financial agreement.

Confidentiality Statement: I authorize the use and disclosure of protected health information related to my treatment and services provided to me by Turning Point of Tampa for purpose of financial and collection activities to the following agencies/individuals. I have been informed of the specific type of information that may be requested. I understand this authorization will remain in force for a period not to exceed one (1) year unless otherwise specified by me in writing. I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations and hold Turning Point of Tampa harmless from any and all damages, claims, causes of action arising out of, or in connection with, the release of this information. In the event of litigation relating to the subject matter of this Agreement, the non-prevailing party shall reimburse the prevailing party for all reasonable attorney fees and costs resulting therefrom.

I have read the above and understand the non-refundable fee agreement and my financial obligations and agree to abide by the terms of this Agreement.