

Program Fee Agreement

Pre-paid fees are based on the level of care and are paid on a the below stated schedule. Payment in full is due at the time of the client's admission and each month thereafter at the beginning of any additional service period. Turning Point of Tampa offers this pre-payment arrangement based on the client's commitment to his/her treatment:

Prepaid Cost for Detox Program: \$5,000. Per Diem Rate \$1,000

Prepaid Cost for Residential Program: \$15,000.00 days 1-30. Daily Per Diem Rate: \$500.00

Prepaid Cost for Residential Program Extension: \$12,000.00 each 30 days, Daily Per Diem Rate: \$400.00

Prepaid Cost for Day Treatment: \$12,000.00 Daily Per Diem Rate: \$400

Prepaid Cost for Supportive Living / Recovery Residence: \$60 Per Diem Rate

Prepaid Cost for 10-Day DUI Program: \$5,000

Prepaid Cost for 8-week IOP (24 Sessions): \$4,800

Prepaid Cost for individual sessions while in IOP program: \$125 per session

These prices do **NOT** include medications, lab work, personal spending money, and the family program. These prices reflect TYPICAL lengths of stay, if additional time is attended, the above per diem rate would be applied for additional days.

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 the client's spending allowance, medications, and any other personal items the client might need. Any balance remaining in this account will be disbursed by check only to the person

who deposited the money into the account.

REFUND POLICY:

For those clients leaving Turning Point of Tampa prior to completion of treatment no refund will be issued unless the person is discharged due to medical or psychiatric issues preventing them from participating in the program. In the case that the person is unable to complete due to a medical or psychiatric concern, refunds will be pro-rated based on dates attended in the program.

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 \$60.00 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 will bill your insurance carrier.

I understand that my insurance company will authorize days in treatment based on their determination of medical necessity. Turning Point will make every attempt to receive authorization for my time in treatment. In the event of a peer review or denial/appeal for a continued stay in treatment, there may be days that are not covered by my insurance company between the last day authorized and a final determination of coverage. I understand that I am financially responsible for any and all charges incurred during that time. 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.

Non-payment of fees, which include deductible, copays or coinsurance or room and board will result in Turning Point sending the account to collection. If you have made a payment arrangement upon admission, failure to abide by that will also result in sending the account to collections. Turning Point will make 3 attempts to collect fees prior to sending the account to collections. The prevailing party shall have the right to collect from the other party its reasonable costs and necessary disbursements and attorney's fees incurred in enforcing this Agreement.

In the event the guarantor is not present to sign the 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 the 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.