

**What You Need To Know about Payment for
Behavioral Health and Recovery Services for Adult Treatment Services
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This information sheet provides general information to prospective clients of the *Behavioral Health & Recovery Services* (BHRS) division about your responsibility for payment for mental health services.

1. General Information:

- Behavioral Health Services staff generally will contact you before the onset of treatment to collect financial and insurance information.
- This information must be updated every year you remain in treatment.
- Whenever your financial or insurance information changes, inform your clinic receptionist right away at your next clinic visit so that we can update our information to ensure your insurance is billed correctly for services we have provided to you. Always provide the clinic receptionist with a copy of your valid new insurance card, whenever your insurance information changes, even if the new card appears to look similar to your old one.
- Covered CA and ACE County as well as many of the private insurance plans will not cover Behavioral Health and Recovery Services. If you were admitted with any of these insurance options, Behavioral Health Services staff might contact you for a re-screening of your eligibility for billable insurance plans. If you have been determined to be potentially eligible for a billable insurance plan, you will be obligated to file a valid application for the plan to seek active enrollment in order to access continued services.
- Staff will ask you to complete an Assignment of Benefits form. This form is most typically used when you carry Medicare or private insurance while also carrying active Medi-Cal coverage. This form is solely used so that all services can be billed to the correct primary insurance carrier first before the remainder is billed to Medi-Cal.

2.First Visit Paperwork: Fifteen minutes before your first visit one of our staff will meet with you to complete information about your insurance coverage. You may be asked to bring the following documentation to your first visit unless you already have full-scope MAGI Medi-Cal or regular Medi-Cal:

- o Documentation of insurance such as insurance/Medicare cards, Health Plan of San Mateo, insurance policy number, group number, or correspondence that includes these elements such as remittance advice statements.
- o Documentation that verifies amount of client, spouse, parent income: pay-stubs, W-2 forms, tax returns, unemployment or General Assistance papers, bank statements.
- o Bank/investment statements that verify amount of savings, bank balance, and assets.
- o Documentation of your monthly expenses: court ordered payments, childcare, dependent support, medical expenses, mandated retirement contributions, and housing (rental agreement, canceled check, receipt).
- o Documentation that shows your address.

This will allow us to identify the correct funding sources to help pay for your care.

Clients who do not complete their paperwork will be considered 100% Self Pay and may be billed for full fee for all services, where applicable.

3. Assignment of Benefits: If you have insurance coverage, you must sign an Assignment of Benefits form in order to receive services. We will bill your insurance carrier for all services that you receive.

4. Questions: If you have a question or complaint about your financial obligation, please discuss them with the administrator at the clinic where you are being served.