Southwest Youth & Family Services, Inc.
Financial Arrangements

Client Name:_____

The Mental Health Law (Title 43A, 1953) requires that each Southwest Youth and Family Services, Inc., client to be charged for services provided. The Client Fee Schedule for Outpatient Services, which was developed by the agency, is outlined below. **Adults will not be refused services for inability to pay. Children and youth will not be refused services for either the inability or refusal to pay.** If financial ability to pay changes, one may renegotiate the fee based on verifiable changes**.**

Client Fee Schedule for Outpatient Services

Assessment---------- $200 per event
Individual Services ---------- $80 per hour
Group Services---------- $40 per group

Uninsured or underinsured individuals in need of integrated substance abuse and mental health treatment or substance abuse treatment alone may be eligible to receive services at no charge if the indigence threshold is met (Criteria A). In addition, individuals with SoonerCare will receive Outpatient Services at no charge (Criteria B). In either case copay may apply. Individuals not meeting Criteria A or B are required to pay fees for services rendered based the Client Fee Schedule for Outpatient Services.

Indigence Threshold

Persons in Household	Household Gross Annual Income
1	$30,120
2	$40,880
3	$51,640
4	$62,400
5	$73,160
6	$83,920

For households with more than 8 members, add $10,760 for each additional member. (This is the same increment that is applicable to smaller family sizes, as indicated by the figures above.)

Criteria A* (must meet all)

☐ Individual is uninsured or underinsured
☐ Individual is in need of need of integrated substance abuse & mental health treatment or substance abuse treatment.
☐ Income is verified and documented on the Client Information sheet.
☐ Individual meets the indigence threshold.

Criteria B*

☐ Individual has SoonerCare – **Copay:** None $1 per visit $2 per visit $3 per visit

Client Fee Schedule for Outpatient Services Applied

☐ Individual is required to pay for services rendered based on the Client Fee Schedule for Outpatient Services.

Acknowledgements

1. I/We agree to pay the above copay or fees for the services received from Southwest Youth and Family Services, Inc.
2. I/We understand that the payment for services is due before each appointment, and if payment is not made, the appointment may be rescheduled.

_____ _____ _____
Responsible Party Relationship to Client Date

Staff:_____ Date:_____