Southeast Health Group
Payment Agreement/Financial Disclaimer

Thank you for choosing Southeast Health Group (SHG) as your integrated health care system. The companies within SHG are: Southeast Mental Health Services (SEMHS), Wellness Works (WW) and Partnership for Progress (PFP). This Payment Agreement/Financial Disclaimer addresses payment for behavioral health and substance use disorder treatment services that will be rendered under SEMHS and PFP. Before receiving services it is required that you read, sign, and agree to this Payment Agreement/Financial Disclaimer.

Please understand that payment for services provided are part of your patient responsibilities. Collection of co-pays and fee payments gives SHG the needed financial resources to continue providing quality health care to you.

Payment for Services

Applicable payment for services is required before all health care services being rendered. SHG does not restrict services based on your ability to pay, but does expect payment at the time of service, unless it is determined that you require urgent care/emergency care. If a fee is applicable for the service you are receiving, you will be asked for payment at the time of the appointment. If payment is not made, you will be billed for the service fee.

If you are a Self-Pay client receiving services from SEMHS/PFP, you may qualify for a reduced rate for services. You will be provided a Sliding Fee Application to determine your fee for services. Your fee is determined by your gross annual income and number of people supported by that income. You will be required to provide proof of income or attest to a lack of income. You will be billed for the total amount of the service provided. If you qualify for a reduced rate, a payment towards your fee is still expected at the time of service. You are financially responsible for payment of fees established using the sliding fee scale and any charges billed at full fee. Requests for payment plans for SEMHS services are welcomed and can be directed to the SHG Accounts Receivable Manager.

Services provided under PFP require payment at the time of service. **If you do not have your payment for your PFP appointment, you will be asked to reschedule**.

SHG accepts cash, checks, Visa or MasterCard for your SEMHS/PFP fees. In the event a check/electronic payment is returned to SHG due to insufficient funds, a **$10.00 returned payment fee** will be charged to the client.

Insurance/Medicaid/CHP+

It is your responsibility to provide SHG with current insurance information. SHG may accept assignment of benefits, however, we do require that you pay any co-payments before services are provided.

All charges are your responsibility. As a courtesy to you, SHG will submit claims to your insurance/payer sources. However, if your insurance/payer source reduces the amount or denies the claim for any reason, the balance of the claim will be your responsibility. Your insurance policy is a contract between you and your insurance company. SHG is not a party to that contract. If your insurance/payer source has not paid your account within 120 days (4 months), or if there are services your insurance/payer source will not cover, the balance will be your responsibility. Co-payments required by insurance plans/payer sources are due before you receive services.

SHG is committed to providing the best treatment for our clients. You are responsible for payment regardless of any insurance company's/payer sources arbitrary determination of usual and customary rates.

Regional Assessment Center

Withdrawal Management Unit self-pay fee is $450.00 per day. If a fee is applicable for the service you are receiving, you will be asked for payment at the time of the admission. If payment is not made, you will be billed for the service fee.

Acute Treatment Unit

Acute Treatment Unit self-pay fee is $880.00 per day. If a fee is applicable for the service you are receiving, you will be asked for payment at the time of admission. If payment isn't rendered, you will be billed for the service fee.

Financial Disclaimer

I agree and allow SHG to share my necessary health and treatment information that includes, but is not limited to medical, mental health and substance use disorder information to bill for the services I receive from SHG and to collect payment from payers, such as the Office of Behavioral Health (OBH), Health First Colorado (Medicaid), an individual paying for my care, or my insurance company and the authorized contractors, subcontractors and legal representatives. I understand that billing for services is the responsibility of SHG to carry out payment and related health care operation activities. I ask that the person, company or agency paying for my care send payment directly to SHG.

Assignment of Benefits

I understand that I am financially responsible for all charges not covered by insurance. I acknowledge responsibility to provide SHG with current client and insurance information. I have read the Payment Agreement/Financial Disclaimer and I understand and agree with this agreement.