

**MONTHLY FEE SCHEDULE**

**PAYMENT FOR FIRST MONTH IS DUE AT ADMISSION AND IS NON-REFUNDABLE PLEASE MAKE CHECK/MONEY ORDER OUT TO OUR HOUSE OF HOPE.**

In addition to fees for services, the financial agreement includes provisions for the following: Approved Insurance is acceptable.

* Psychiatrist visits: 45 minutes at $300
* Medication review 20 minutes at $175
* Family consult with Psychiatrist 30 minutes at $250

45 minutes at $300

* Consult with therapist and resident based on prior approval at $150.
* Medication Group- “Ask the Doc” fee $80 per participant.
* Temporary one-on-one staff coverage, if needed ($55 an hour).

**FEES ARE SUBJECT TO CHANGE BUT NOT WITHOUT WRITTEN NOTIFICATION TO RESPONSIBLE PAYING PARTY.**

Trust Account: A designated fund IF NEEDED to cover co-pays and special purchases authorized by financial agent.

Allowance: If desired, a designated sum is provided directly to the resident to cover their incidental expenses or for personal use that are not covered in agency fees. This allowance will be divided to be given weekly. Allowance can range from $1 to a max of $75 a week.

Due at time of admission:

First Month fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatrist fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A logo for a company

Description automatically generated

Trust Fund $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allowance $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Due at Admission $ \_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Agency Representative Signature of Paying Party