Human Supports of Idaho

Boise Clinic: 4477 W Emerald St., Suite C100, Boise, ID 83706
Phone: 208-321-0160 | Fax: 208-321-0221

Caldwell Clinic: 206 E. Elm St., Caldwell, ID 83605
Phone: 208-454-8389 | Fax: 208-454-8404

Date: **Participant Name:** **Date of Birth:**

AGREEMENT TO PAY AND FINANCIAL RESPONSIBILTY

HSI will submit insurance claims on your behalf for services provided by in-network providers. Self-pay fees, co-insurance, co-pays, and deductible payments are due at the time of service. If your insurance submits updated information about patient responsibility for fees, we will send you an invoice for the remaining balance or reimburse you if you have a credit. The handbook includes information about our Good Faith Estimate for self-pay fees, our Sliding Scale Fee Program, and fees associated with Records Requests.

Insurance Information (Participant is responsible for all charges not covered by insurance.)			
Participant Name:		Date of Birth:	
Primary Insurance:		Policy Holder Name:	
Primary Policy #:		Primary Group #:	
Copay? ☐ Yes ☐ No $_____		Out of Pocket Payment? ☐ Yes ☐ No	
Secondary Insurance:		Policy Holder Name:	
Secondary Policy #:		Secondary Group #:	
Copay? ☐ Yes ☐ No $_____		Out of Pocket Payment? ☐ Yes ☐ No	

**Self-pay participants must add a card on file.

Card on File ☐ Self-pay			
Name on Card:			
Card #:			
Expiration Date:		Security Code:	

Fee Schedule chart

			DISCOUNT								
Service	Code	Self-pay	10%	20%	30%	40%	50%	60%	70%	80%	90%
Comprehensive Diagnostic Asmt.	90791	$165.00	$148.50	$132.00	$115.50	$99.00	$82.50	$66.00	$49.50	$33.00	$16.50
Global Appraisal of Individual Needs (GAIN)	H0001	$400.00	$360.00	$320.00	$280.00	$240.00	$200.00	$160.00	$120.00	$80.00	$40.00
DUI Evaluation	H0001	$150.00	$135.00	$120.00	$105.00	$90.00	$75.00	$60.00	$45.00	$30.00	$15.00
Individual Therapy 30 Minutes	90832	$60.00	$54.00	$48.00	$42.00	$36.00	$30.00	$24.00	$18.00	$12.00	$6.00
Individual Therapy 45 Minutes	90834	$90.00	$81.00	$72.00	$63.00	$54.00	$45.00	$36.00	$27.00	$18.00	$9.00
Individual Therapy 60 Minutes	90837	$120.00	$108.00	$96.00	$84.00	$72.00	$60.00	$48.00	$36.00	$24.00	$12.00
Family Psychotherapy	90846/ 90847	$110.00	$99.00	$88.00	$77.00	$66.00	$55.00	$44.00	$33.00	$22.00	$11.00
Group Psychotherapy	90853	$30.00	NA	NA	NA	NA	NA	NA	NA	NA	NA
Urine Analysis Presumptive Test	80305	$13.50	$12.15	$10.80	$9.45	$8.10	$6.75	$5.40	$4.05	$2.70	$1.35
Medication Mngt. Intake	90792	$200.00	$180.00	$160.00	$140.00	$120.00	$100.00	$80.00	$60.00	$40.00	$20.00
Medication Mngt. Follow-up 20 Minutes	99213	$75.00	$67.50	$60.00	$52.50	$45.00	$37.50	$30.00	$22.50	$15.00	$7.50
Medication Mngt. Follow-up 30 Minutes	99214	$100.00	$90.00	$80.00	$70.00	$60.00	$50.00	$40.00	$30.00	$20.00	$10.00
Medication Mngt. Follow-up 40 Minutes	99215	$150.00	$135.00	$120.00	$105.00	$90.00	$75.00	$60.00	$45.00	$30.00	$15.00
Medication Injection	96372	$20.00	$18.00	$16.00	$14.00	$12.00	$10.00	$8.00	$6.00	$4.00	$2.00
Case Management	T1017	$66/ hour	NA	NA	NA	NA	NA	NA	NA	NA	NA
Peer Services/ Recovery Coaching	H0038	$66/ hour	NA	NA	NA	NA	NA	NA	NA	NA	NA
Community Based Rehabilitation Services	H2017	$66/ hour	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probation/ Parole Report	PORPT	$60/ report	$54.00	$48.00	$42.00	$36.00	$30.00	$24.00	$18.00	$12.00	$6.00
Court Summon Fees		$600/ hour	NA	NA	NA	NA	NA	NA	NA	NA	NA

ACKNOWLEDGEMENT

I am choosing for Human Supports of Idaho to bill (choose one) [insurance] / [self-pay rates] I understand that I am financially responsible for charges of services at time of service. If I am unable to make payment at time of service, I agree for the card on file to be charged, on an agreed upon date, within 2 weeks of date of service. If my balance exceeds $150.00, I understand that my services at Human Supports of Idaho could be suspended. I authorize the release of necessary information to file said claim with my insurance or third-party payer.

Participant Name Printed	Signature	Date
Guardian Name Printed	Signature	Date
Witness Name Printed	Signature	Date