

Fiscal Intermediary (FI) Agreement

Threefold Health Fiscal Intermediary (FI) Intake and Agreement Form

1. Please take a moment to complete this form so that we may begin to provide services and submit reimbursement invoices to your Fiscal Intermediary.

Name

Address

Phone Number

Email

Date of Birth

2. Primary Contact if other than Self

Name

Address

Phone Number

Email

Relationship

3. Fiscal Intermediary Info

Name

Contact Person

Address

Phone Number

Email

4. Support Broker

Name

Address

Phone Number

Email

5. Type of Class

- Social Skills Class Nutrition Class

6. Name of Primary Teacher(s) if known

Note on cost of classes: Individual classes are typically billed between \$125 and \$200 per class, based on the length of class and where the class is being held e.g. in the home, community or office. Group classes are typically billed at lower rates which are based on the number of people in the group, group location, type of group, etc.

Please note, no payment is due at the time of the service, we will provide a monthly invoice to you or you FI and expect to take payment directly from the FI.

7. Where should Invoices be sent

- Me Primary Contact FI
 Support Broker

Other

Threefold Health will do everything in our power to ensure payments and services are funded through the Fiscal Intermediary (FI) which is funded through Medicaid, however we recognize that at times issues arise that are outside of our control.

In the event that something occurs and services are not reimbursed by the Fiscal Intermediary (FI), I agree to be financially responsible for any outstanding service balance.

I affirm the above information is correct to the best of my knowledge and I agree to the proceeding statements of financial responsibility.

Signature

Date