

## NORTHERN PINES MENTAL HEALTH CENTER, INC.

The mission of Northern Pines mental Health Center is to offer comprehensive mental health services to the residents of Region V (Cass, Crow Wing, Morrison, Todd and Wadena Counties). The financial policy of Northern Pines (below) reflects a desire to deliver the greatest amount of services to the most people through a rational system which is sensitive to the financial resources of those we serve.

**FINANCIAL POLICY**

1. Each client or his/her guarantor is responsible for the full costs of all services provided. Exceptions to this include:
  - Clients covered by specific contracts and grants
  - Clients covered by Medical Assistance
  - Clients covered by Medicare are responsible for the portion of the fees not covered by Medicare up to the total fee allowed by Medicare.
  - Clients without insurance coverage who are eligible for Northern Pines' sliding fee schedule(available in Crow Wing, Morrison, Todd, and Wadena Counties only) [Sliding fees pertain to most, but not all, of Northern Pines' programs. Chemical Dependency treatment services, career-related evaluations, and those assessments requested pursuant to treatment, for example, are not available on a sliding fee basis]. **CLIENTS ARE REQUIRED TO VERIFY HOUSEHOLD INCOME AND SIZE WITHIN 60 DAYS TO BE CONSIDERED FOR SLIDING FEES. FARM OR SMALL BUSINESS INCOMES WILL BE DETERMINED BY EXCLUDING CERTAIN EXPENSES. RE-VERIFICATION OF HOUSEHOLD INCOME AND SIZE WILL BE REQUIRED EACH JANUARY OR THE FEE WILL REVERT TO FULL RATE. PROOF OF INCOME IS REQUIRED TO ESTABLISH A FEE; IF THIS HAS NOT BEEN PROVIDED, THE CLIENT MUST PAY \$25 PRIOR TO APPOINTMENT, OR APPOINTMENT MAY BE CANCELLED AND RESCHEDULED. SHOULD THE CLIENT'S EVENTUAL SLIDING FEE BE LESS THAT \$25, HIS/HER ACCOUNT WILL BE CREDITED.**
  
2. .Currently Northern Pines' fees for individual, couple, family, and group counseling vary according to the clinician(s) providing the service. Included in the client's bill are costs which relate to direct services (actual time with the clinician) and indirect services (dictation time, some telephone consultations, etc.) All fees are available upon personal request.
  
3. **PLEASE STOP AT THE RECEPTION DESK AT THE TIME OF EACH SESSION TO MAKE PAYMENT AND AGAIN FOLLOWING THE SESSION TO CONFIRM YOUR NEXT APPOINTMENT. PLEASE NOTE:**
  - **A partial payment of at least \$25 will be collected prior to each session unless covered by Medical Assistance, an established full-pay contract, or a sliding fee less that \$25.00 If the client's insurance requires a specific dollar amount as co-payment, that amount will be paid prior to each session.**
  
4. Northern Pines will bill insurance for the client's convenience but insurance reimbursement is not guaranteed.
  
5. Clients who may qualify for Medical Assistance, MN Care, or other healthcare programs, are expected to make application for benefits.
  
6. Unless special arrangements or adjustments are made with the Northern Pines' Director of Clinical Services, collections services may be utilized on an account that becomes past due. Clients are responsible for discussing special circumstances with their clinician/or the Director of Clinical Services. **Clients are responsible for notifying Northern Pines of any change in their billing status. All fees are subject to change at any time, without notice.**