

What You Need To Know about Payment for Behavioral Health and Recovery Services for your child (age 0 – 18)
Revised 8-2-16

This information sheet provides general information to parents/guardians of prospective clients of the *Behavioral Health & Recovery Services* (BHRS) division about your responsibility for payment for mental health services.

1. General Information:

- Behavioral Health Services staff generally will contact you before the onset of treatment to collect financial and insurance information.
- This information must be updated every year you remain in treatment.
- Whenever your financial or insurance information changes, inform your clinic receptionist right away at your next clinic visit so that we can update our information and ensure your insurance is billed correctly for services we have provided to you. Always provide the clinic receptionist with a copy of your valid new insurance card, whenever your insurance information changes, even if the new card appears to look similar to your old one.
- Covered CA as well as many of the private insurance plans will not cover Behavioral Health and Recovery Services. If you were admitted with any of these insurance options, Behavioral Health Services staff might contact you for a re-screening of your eligibility for billable insurance plans.
- Staff will ask you to complete an Assignment of Benefits form. This form is most typically used when you carry Medicare or private insurance while also carrying active Medi-Cal coverage. This form is solely used so that all services can be billed to the correct primary insurance carrier first before the remainder is billed to Medi-Cal.

2. Health Insurance Eligibility: If your child does not have any insurance or private insurance with a substantial co-pay or deductible and it looks like s/he may qualify for any of the no or low cost public health insurance programs, you will be asked to make an appointment for a comprehensive health insurance screening. Please note that Medi-Cal may pay in full or part for any co-pay and/or deductible your private insurance carrier charges you for visits at the treatment site.

3. First Visit Paperwork: At your child's first visit one of our staff will meet with you to complete information about your insurance coverage . Unless your child is already enrolled in Medi-Cal or Healthy Kids, you may be asked to bring the following documentation:

- Documentation of insurance such as a membership card, insurance policy number, group number, or correspondence that includes these elements such as remittance advice statements
- Documentation that verifies the client's, parent's and/or parent's spouse income:

- paystubs, W-2 forms, tax returns, unemployment or General assistance papers, bank statements, letter of support
- Bank/investment statements that verify amount of savings, bank balance, and assets
- Documentation of your monthly expenses: court ordered payments, child care, dependent support, medical expenses, mandated retirement contributions, and housing expense (rental agreement, mortgage statement)
- Documentation that verifies your current address

This will allow us to identify the correct funding sources to help pay for your care.

Clients who do not complete their paperwork will be considered 100 % Self Pay and may be billed for full fee for all services, where applicable.

4. **Assignment of Benefits:** If your child has insurance coverage, we must have a signed Assignment of Benefits form in order to provide services to your child. We will bill your insurance carrier for **all services your child receives.**
5. **Questions.** If you have a question or complaint about your financial obligation, please discuss it with the administrator at the clinic where your child is being served.