

<p style="text-align: center;"><b>MetroHealth Recovery Services Financial Responsibility Agreement</b></p>
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If you have insurance, your insurance claims will be submitted for you, but it is your responsibility to provide us with accurate and up to date insurance information and to make any co-payments required by your insurance company.

If for any reason, you choose to “self-pay” your services, the cost will be approximately \$390/session and you will be asked to develop a self-pay contract with the Financial Services Department in order to establish a payment plan.

If you are a new patient with Medicaid, the Multi Agency Community Services Information System (MACSIS) guidelines set forth by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) will be used to determine your financial eligibility to cover the cost of services provided for you.

If you do not have insurance and are unable to pay for services or have a limited ability to pay, you may be eligible for MetroHealth’s Financial Assistance Plan, but it is your responsibility to call Financial Services (216-957-2325) to have your financial responsibility assessed. The Financial Services Office will give you a list of documentation that you need to bring to your financial counseling appointment and it will be your responsibility to pay any reduced fees that you incur.

If at any time your financial status changes, it is your responsibility to communicate that change to The MetroHealth System immediately.

It is your financial responsibility to avoid duplicate service billing. If you are currently receiving substance abuse residential treatment and are contacting us for intensive outpatient substance abuse aftercare, you will need to sign a release of information so that we can coordinate your aftercare with your current residential treatment provider. Coordination of care with your current provider will allow you to get an assessment for services with us but you will need to complete your current treatment before beginning services with us.

I understand and agree to the above financial responsibilities. If I am using my insurance plan to pay for treatment, I understand and consent to having information regarding my diagnosis and treatment visits shared with my insurance company as needed for billing purposes.