



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

CLIENT COST EXPLANATION AND AGREEMENT

Your provider will explain the cost of services to you. In some cases, you must pay a reasonable fee for the services you receive. Contact your provider or the Billing office at (805) 781-4702 right away if:

- You are unable to pay your fee
Your income/the number of people dependent on your income change
You get (or lose) private insurance
You get (or lose) Medi-Cal

Full Scope Medi-Cal (May include Medi-Medi)

We accept Full Scope Medi-Cal as payment in full if you remain eligible. If you lose your Medi-Cal, you must pay for your services. Please let your provider know as soon as possible so we can help you regain your Medi-Cal or set fees.

Other Funding Sources (8500)

County Referrals: AB109, Probation, Superior Court, Department of Social Services (DSS), Child Welfare Services, Family Treatment Court, Youth Treatment Services, School Referrals and Driving Under the Influence (DUI) Program Referrals. Drug and Alcohol Services receives grant money or is contracted by other agencies to provide services at no cost to you while you are enrolled in specific programs. If you also have Medi-Cal in San Luis Obispo, your Medi-Cal will be billed first.

Share of Cost (SOC) Medi-Cal (May include Medi-Medi)

Some types of Medi-Cal have a monthly Share of Cost that you must pay before Medi-Cal covers the cost of treatment. The services you receive from every provider apply toward your Share of Cost. Call the Billing Office at 781-4702 to learn about how we help with your Share of Cost or talk to your Eligibility Technician at Department of Social Services to see if you qualify for full scope Medi-Cal, which has no Share of Cost.

Your monthly Share of Cost is: \$ _____

UMDAP stands for & Federal Programs Uniform Method of Determining Ability to pay on a discounted fee scale given to us by the State, based on your income and family size. UMDAP is a yearly "deductible" that covers you and your immediate family regardless of the number of visits. We will never ask to pay more than your UMDAP, even if your services cost more. If your services cost less than your UMDAP, you will only pay the cost of services. You may either pay the entire UMDAP amount due or make smaller monthly payments. We can reset your UMDAP if your income decreases or if more people are dependent on your income.

Client Name: _____ Client Number: _____

Please note, transportation costs are not covered by your UMDAP, it is your responsibility to pay for any uncovered or non-medical transportation costs.

Restricted/Emergency Only Medi-Cal

Emergency or Restricted Medi-Cal only pays for certain emergency services. Your provider will complete an UMDAP with you to determine your responsibility for the cost of the other services you receive.

Medicare only or Private Insurance

Medicare or private insurance may pay for a portion of the cost of your treatment. Your provider will complete an UMDAP with you to determine your responsibility for the cost of the other services you receive. Please be sure we get a copy of both sides of your Medicare or Insurance card.

No known funding source/self-pay

Your provider will complete an UMDAP with you to determine your responsibility for the cost of the other services you receive

Your yearly UMDAP ("Deductible") is: \$_____

Annual period begins: _____and ends: _____

I agree to pay my UMDAP (Please check one):

- In full today or at my next visit
- By making payments of \$____per month

My signature below confirms my understanding of the cost of services.

Client or Responsible

Person's Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Required when UMDAP is needed

Client Name: _____ Client Number: _____