San Luis Obispo Behavioral Health
Client Cost Explanation and Agreement

Your provider will explain the cost of services to you in detail. 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 or if your income/the number of people dependent on your income change
- You get (or lose) private insurance
- You get (or lose) Medi-Cal

☐ Educationally Related Social Emotional Support Services (ERSESS)

Your child's school district pays for ERSESS. You pay no fees for ERSESS.

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

We accept Full Scope Medi-Cal as payment in full, as long as 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.

☐ 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. All of the services you receive from every provider you see will 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: _____

Sliding Fee Scale/UMDAP

UMDAP stands for Uniform Method of Determining Ability to pay, and is like a sliding fee scale. UMDAP places a limit on how much we expect you to pay. We determine your UMDAP from a formula given to us by the State, which 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 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.

☐ 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 Other 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 deductible (UMDAP) is _____ Annual period begins _____ and ends _____

I agree to pay my deductible (UMDAP):

☐ In full today or at my next visit.

☐ By making payments of $_____every month.

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

Client/Responsible Person's Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Client Name: Client Number: