

MONTHLY FEE SCHEDULE

PAYMENT FOR FIRST MONTH IS DUE AT ADMISSION AND IS NON-REFUNDABLE

PLEASE MAKE CHECK/MONEY ORDER OUT TO NEXT STEP BEHAVIORAL HOUSTON

In addition to fees for services, the financial agreement includes provisions for the following:

- Psychiatrist visits: 45 minutes at \$300
- Medication review 20 minutes at \$175
- Family consult with Psychiatrist 30 minutes at \$250
- 45 minutes at \$300
- Consult with therapist and resident based on prior approval at \$150
- Medication Group- "Ask the Doc" fee \$80 per participant
- Temporary one-on-one staff coverage, if needed (\$35 an hour)

FEES ARE SUBJECT TO CHANGE BUT NOT WITHOUT WRITTEN NOTIFICATION TO RESPONSIBLE PAYING PARTY.

Trust Account: A designated fund IF NEEDED to cover co-pays and special purchases authorized by financial agent.

Allowance: If desired, a designated sum provided directly to the resident to cover their incidental expenses or for personal use that are not covered in agency fees. This allowance will be divided to be given daily. Allowance can range from \$1 to a max of \$15 a day.

Due at time of admission:

First Month fee \$ _____

Psychiatrist fee \$ _____

Trust Fund \$ _____

Allowance \$ _____

Total Due at Admission \$ _____

Signature of Agency Representative

Signature of Paying Party