

FINANCIAL AGREEMENT

Date: _____

Client: _____

I, _____ (relationship to client) agree to assume financial responsibility for the cost of care and treatment of the named client while enrolled in the community living program of the Next Step Behavioral Houston. In undertaking this responsibility, I understand the following:

- Payment for room and board is a fixed rate and is included in the monthly fee. The remaining fee is a medical charge which is tax deductible as a medical expense at the end of the calendar year.
- If payment is not received by the due date an initial \$100 late charge will automatically be added. An additional \$25 dollar per day for each day thereafter. Accounts 30 days or more past due will receive an additional charge of 3.0% of past due amount per month. **Note, all out of state checks must be received 5 days prior to the due date, due to bank hold of up to 8 days on out of state checks.**
- Fees to the agency are due monthly, in advance. The first month's fee is NON-REFUNDABLE. The agency expects 30 days' notice before discharge. With notice, unused portions of any fees paid will be refunded within 30 days of discharge. Without notice, no refund will be provided for unused portions of month's care.

Program fees cover room and board (three meals per day plus snacks); transportation to scheduled medical appointments; utilities; 24 hour staff supervision (when in primary program); all program expenses (games, movies, etc.) and all therapies/groups provided by the agency.

Fees **do not** include any physician cost nor any medications, labs, personal items or transportation costs not associated with programs of the agency.