



**Fee Setting and Income Verification Policy**  
**Mental Health and Chemical Dependency Outpatient Clinics and**  
**Personalized Recovery Oriented Services (PROS)**

Lake Shore participates with all major area insurance companies as well as offering Private Pay options. Lake Shore DOES NOT participate with Worker's Compensation, No Fault or Hospice carriers at this time, regardless of other insurances.

Any copay, deductible, or other fees due are payable at the time services are rendered. Lake Shore accepts cash, checks, Master Card and Visa as methods of payment. A fee of \$30.00 will be assessed to a client's account in the event that a check is returned for Insufficient Funds. This is managed by the Accounting/ Billing Department.

A sliding scale based on household income and family size is available to those that qualify. Clients must provide proof of income to be considered for a sliding scale fee. If a client does not provide proof of income, they will be charged at the full agency rate for each visit.

Insurance coverage or Private Pay will be verified by the Customer Service Representative, documented on the Client Fee Agreement (CFA), signed by the client, and submitted to Billing within 24 hours. The client's signature on the CFA indicates an understanding of the agreed-upon financial responsibility, agreement to release information for billing and reimbursement purposes to insurance companies, and agreement to assign all insurance payments to the corporation.

Insurance coverage will be reviewed and updated yearly for each client and/or when there is a change to the coverage. Private Pay will be reviewed and updated every six months for each client. It is the client's responsibility to notify Lake Shore with any changes in income or insurance prior to the reviews. Fees will be in force until the last day of the month in which the CFA expires. Should the client refuse or be unable to provide updated proof of income, the fee will be reset to the full agency rate.

Insurance companies may require Referrals and/or Authorization. Customer Service Representatives or Central Intake will contact the insurance companies to initially obtain any necessary authorizations. Clinicians will be responsible to follow up on authorizations as needed.

Clients will be held responsible for outstanding balances and they will be billed for these charges monthly. Lake Shore utilizes a collection agency to follow up on delinquent accounts. Closed clients must make arrangements to establish an acceptable repayment schedule prior to readmission into a treatment program. The Billing and Support Services Specialist will generate a report of outstanding client balances and review with the Supervising Customer Service Representative and Program Director monthly.

Clients with extenuating circumstances will be addressed on a case by case basis and approved by the Director and/or Program Director.

Clients should be referred to Billing with questions regarding outstanding balances. If a client's balance has been transferred to Collections, they should be referred to Billing.

\*\*\* Under no circumstances should a minor be asked to sign a CFA. They are not legally responsible for any bills.

**LAKE SHORE BEHAVIORAL HEALTH  
SLIDING FEE SCALE**

Family Size	Income Level						
	1	\$0 - \$11,770	\$11,771 - \$13,241	\$13,242 - \$14,713	\$14,714 - \$17,655	\$17,656 - \$20,598	\$20,599 - \$23,540
2	\$0 - \$15,930	\$15,931 - \$17,921	\$17,922 - \$19,913	\$19,914 - \$23,895	\$23,896 - \$27,878	\$27,879 - \$31,860	\$31,861 +
3	\$0 - \$20,090	\$20,091 - \$22,601	\$22,602 - \$25,113	\$25,114 - \$30,135	\$30,136 - \$35,158	\$35,159 - \$40,180	\$40,181 +
4	\$0 - \$24,250	\$24,251 - \$27,281	\$27,282 - \$30,313	\$30,314 - \$36,375	\$36,376 - \$42,438	\$42,439 - \$48,500	\$48,501 +
5	\$0 - \$28,410	\$28,411 - \$31,961	\$31,962 - \$35,513	\$35,514 - \$42,615	\$42,616 - \$49,718	\$49,719 - \$56,820	\$56,821 +
6	\$0 - \$32,570	\$32,571 - \$36,641	\$36,642 - \$40,713	\$40,714 - \$48,855	\$48,856 - \$56,998	\$56,999 - \$65,140	\$65,141 +
7	\$0 - \$36,730	\$36,731 - \$41,321	\$41,322 - \$45,913	\$45,914 - \$55,095	\$55,096 - \$64,278	\$64,279 - \$73,460	\$73,461 +
8	\$0 - \$40,890	\$40,891 - \$46,001	\$46,002 - \$51,113	\$51,114 - \$61,335	\$61,336 - \$71,558	\$71,559 - \$81,780	\$81,781 +
For each add'l person add	\$4,160	\$4,680	\$5,200	\$6,240	\$7,280	\$8,320	\$8,320
<b>PERCENTAGE CLIENT PAYS</b>	5%	10%	20%	40%	60%	80%	100%

**PERSONALIZED RECOVERY ORIENTED SERVICES (PROS)**

Effective 1/1/10

DAILY PROGRAM PARTICIPATION	5%	10%	20%	40%	60%	80%	100%
<b>1 Hour</b>	\$ 1.00	\$ 1.00	\$ 3.00	\$ 6.00	\$ 8.00	\$ 11.00	\$ 14.00
<b>2 Hours</b>	\$ 1.00	\$ 3.00	\$ 6.00	\$ 8.00	\$ 11.00	\$ 22.00	\$ 28.00
<b>3 Hours</b>	\$ 2.00	\$ 4.00	\$ 8.00	\$ 11.00	\$ 22.00	\$ 34.00	\$ 42.00
<b>4 Hours</b>	\$ 3.00	\$ 6.00	\$ 11.00	\$ 22.00	\$ 34.00	\$ 45.00	\$ 56.00
<b>5 Hours</b>	\$ 4.00	\$ 7.00	\$ 14.00	\$ 28.00	\$ 42.00	\$ 56.00	\$ 70.00

**MENTAL HEALTH**

Effective 1/1/2013

		5%	10%	20%	40%	60%	80%	100%
Assessment-Clinical	90791	\$ 8.00	\$ 16.00	\$ 31.00	\$ 62.00	\$ 93.00	\$ 124.00	\$ 155.00
Assessment-MD 45+ min	90792	\$ 9.00	\$ 18.00	\$ 35.00	\$ 70.00	\$ 105.00	\$ 140.00	\$ 175.00
Individual Therapy 20-44 min	90832	\$ 3.00	\$ 6.00	\$ 11.00	\$ 23.00	\$ 34.00	\$ 46.00	\$ 57.00
Individual Therapy 45+ min	90834	\$ 5.00	\$ 10.00	\$ 19.00	\$ 38.00	\$ 57.00	\$ 76.00	\$ 95.00
Group	90853	\$ 2.00	\$ 5.00	\$ 10.00	\$ 19.00	\$ 29.00	\$ 38.00	\$ 48.00
Collateral w/out clt present	90846	\$ 5.00	\$ 10.00	\$ 19.00	\$ 38.00	\$ 57.00	\$ 76.00	\$ 95.00
Collateral w/client present	90847	\$ 6.00	\$ 11.00	\$ 22.00	\$ 44.00	\$ 66.00	\$ 88.00	\$ 110.00
Complex Care	90882	\$ 2.00	\$ 4.00	\$ 8.00	\$ 16.00	\$ 24.00	\$ 32.00	\$ 40.00
Medication Administration	H2010	\$ 3.00	\$ 6.00	\$ 12.00	\$ 23.00	\$ 35.00	\$ 46.00	\$ 58.00
Crisis up to 74 minutes	90839	\$ 10.00	\$ 20.00	\$ 39.00	\$ 78.00	\$ 117.00	\$ 156.00	\$ 195.00
Crisis 75-90	90840	\$ 5.00	\$ 10.00	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00

**CHEMICAL DEPENDENCY**

Effective 1/1/2013

		5%	10%	20%	40%	60%	80%	100%
Assessment 15-29 min	T1023	\$ 3.00	\$ 6.00	\$ 13.00	\$ 25.00	\$ 38.00	\$ 50.00	\$ 62.50
Assessment 30-74 min	H0001	\$ 6.00	\$ 13.00	\$ 25.00	\$ 50.00	\$ 75.00	\$ 100.00	\$ 125.00
Assessment 75+ min	90791	\$ 8.00	\$ 16.00	\$ 31.00	\$ 62.00	\$ 93.00	\$ 124.00	\$ 155.00
Individual Therapy 25-44 min	90832	\$ 3.00	\$ 6.00	\$ 11.00	\$ 23.00	\$ 34.00	\$ 46.00	\$ 57.00
Individual Therapy 45+ min	90834	\$ 5.00	\$ 10.00	\$ 19.00	\$ 38.00	\$ 57.00	\$ 76.00	\$ 95.00
Collateral w/out clt present	90846	\$ 5.00	\$ 10.00	\$ 19.00	\$ 38.00	\$ 57.00	\$ 76.00	\$ 95.00
Group	90853	\$ 2.00	\$ 5.00	\$ 10.00	\$ 19.00	\$ 29.00	\$ 38.00	\$ 48.00
Group Collateral	90849	\$ 2.00	\$ 5.00	\$ 10.00	\$ 19.00	\$ 29.00	\$ 38.00	\$ 48.00

**MEDICATION EVALUATION (CD ONLY)/MEDICATION MANAGEMENT (MH & Effective 1/1/13**

Evaluation & Management	99211	\$ 1.00	\$ 2.00	\$ 3.00	\$ 6.00	\$ 10.00	\$ 13.00	\$ 16.00
Evaluation & Management	99212	\$ 2.00	\$ 3.00	\$ 7.00	\$ 14.00	\$ 20.00	\$ 27.00	\$ 34.00
Evaluation & Management	99213	\$ 3.00	\$ 6.00	\$ 11.00	\$ 22.00	\$ 34.00	\$ 45.00	\$ 56.00
Evaluation & Management	99214	\$ 4.00	\$ 8.00	\$ 16.00	\$ 33.00	\$ 49.00	\$ 66.00	\$ 82.00
Evaluation & Management	99215	\$ 6.00	\$ 11.00	\$ 22.00	\$ 44.00	\$ 66.00	\$ 88.00	\$ 110.00
E & M add-on 30-44 min	90833	\$ 3.00	\$ 6.00	\$ 11.00	\$ 22.00	\$ 33.00	\$ 44.00	\$ 55.00
E & M add-on 45+ min	90836	\$ 4.00	\$ 9.00	\$ 17.00	\$ 35.00	\$ 52.00	\$ 70.00	\$ 87.00

\* codes 20 and 21 will be substituted with 99211-99215 and clients will have to pay both the Evaluation and Management code as well as the E & M code add-on based on time

\* CPT codes 90863 was in effect for some insurances through 3/31/13

\* CPT codes M0064 was in effect for Medicare through 4/30/13

Revised 6/2/15