



Mission Unity Treatment Services
3512 Depew Ave. Port Charlotte, Florida 33952
1-855-237-6237

Client Name:

FINANCIAL AGREEMENT

The following constitutes the financial policy/agreement of Mission Unity Treatment Services and _____ with respect to services rendered at this facility for one _____.

1. Facility charges are \$5,800.00 per client for our 28 day Residential Treatment Program which includes 30 additional days in our Recovery Housing Program after completing of the 28 day program and \$2500.00 for Medical Stabilization/ Detoxification if needed.
2. Facility does not provide refunds of any monies paid by or on behalf of client when the Client leaves the facility against medical advice or for major rule violations
3. Initial payment for treatment is due upon admission unless special provisions are made between Office Manager and payer of services.
4. I understand that my records are protected under Federal Confidentiality regulations (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations) published August 10, 1987, and cannot be disclosed without my written consent unless other provided in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/AIDS and/or related conditions.

Fee Agreement:

I have provided Mission Unity Treatment Services with accurate financial information and have participated with the planning of this fee agreement. I understand that I am responsible for all my fees and financial obligations.

Admission Criteria: The race, sex, creed, color, religion or national origin will not influence acceptance of clients. We are committed to meeting our clients where they are physically, spiritually and cognitively. Should a potential client be found to be in need



of treatment beyond the scope of this agency, a referral will be made to an agency that is better able to meet the client's needs (Psychiatric, Detoxification, Etc.)

Discharge Criteria:

Client must complete all treatment plans, goals and objectives to warrant a completion for discharge. Primary therapist, case manager and client will complete a discharge plan for continuum of care. All above mentioned individuals mutually agree to end treatment.

Types of discharge will include:

- Noncompliance (violation of program rules)
- Did not comply with treatment plan

Medical Discharge:

Any client whose medical/psychological condition, as assessed by the Director and Medical Consultant, prevents the client from actively participating and benefiting from this treatment modality.

Transfers and Referrals

Should a client be assessed for needing additional services, a referral and linkage will be made, providing a client is willing. Should a client refuse an appropriate transfer or referral, that client may be discharged.

A financial agreement has been made between _____ and Mission Unity Inc. _____ will pay \$ 5,800.00 upon arrival. If client requires medical stabilization there will be additional fee of \$2500.00.

_____ will begin treatment within 7 days of agreement.

Payer Signature _____

Date _____

Witness Signature _____

Date _____