

## **Financial Responsibility**

There is a fee for the services you are receiving at Libertas.

### **OUTPATIENT CHARGES**

○ Initial Assessment	\$316.25
○ Individual Counseling Session – 30 minutes	\$148.35/session
○ Individual Counseling Session – 1 hour	\$296.70/session
○ Adult Intensive Outpatient Program	\$316.25/session
○ Adult Continuing Care	\$150.00/session
○ Adolescent Intensive Outpatient Program	\$253.00/session
○ Adult Recovery Treatment	\$200.00/session
○ Drug Screen	\$ 61.00/per test

As a patient at Libertas, please note that you will receive a HSHS St. Vincent Hospital billing statement. A copy of your insurance card(s) is required. As a courtesy to you, we will bill your insurance. If your insurance company requires pre-certification, a referral from your physician, or Employee Assistance Program referral, it will be your responsibility to obtain such information. If you have any questions about your statement, please inquire at the Libertas Business Office at 920-498-8600.

**PLEASE NOTE:** You are responsible for all costs not covered by insurance.

“For Marinette Outpatient Medicaid Only, the charge is \$25.00 per unit. Each unit is 15 minutes.”

*I understand my responsibility in the payment of services offered to me. I have read the above information and agree to my responsibility as a patient at Libertas.*

**ASSIGNMENT OF BENEFITS:** *I hereby authorize payment directly to Libertas/HSHS St. Vincent Hospital of the insurance benefits otherwise payable to me.*

By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date                      Time

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date                      Time

\_\_\_\_\_  
Printed Name of Legal Representative

\_\_\_\_\_  
Relationship to Patient