

**Payment for Services: Mental Health and AODA Clinic
Day Treatment Clinic
AODA Contracted Facilities**

Waukesha County Department of Health and Human Services

When you receive outpatient services at the Waukesha County Mental Health Clinic and do **not** have insurance, HMO, Medicare, Medicaid (Title 19), or Badger Care HMO coverage, you will be charged on the basis of the family's ability to pay. An ability to pay amount will be calculated upon full financial disclosure.

We will bill your insurance, HMO, Medicare, Medicaid (Title 19) or Badger Care HMO coverage for outpatient services if you have signed the appropriate authorization forms. However, you may be responsible for whatever part of your services your insurance does not cover.

Waukesha County may contract with outside facilities to provide services. Alcohol and Other Drug Abuse (AODA) clients, as well as Intoxicated Driver Program (IDP) clients, receiving residential or day services, will be liable for the first \$1000 worth of services before any reduction of liability. This \$1000 deductible is per family/calendar year.

A Fiscal Account Clerk from the Billing Unit of the Waukesha County Department of Health and Human Services will interview you to obtain financial information. You will need to provide:

1. Personal and family information
2. Third party payer information (insurance)
3. Employment & income tax information.

After you provide full financial disclosure, an ability to pay amount will be calculated. If your financial situation changes or the size of your family changes, your ability to pay amount will be recalculated.

Until you provide full financial disclosure, you will be billed at full cost.

If you receive **contracted AODA inpatient services, you will be responsible for the full cost of services.** A payment schedule for these services will be determined when full financial disclosure is provided.

We will make every effort to work out extended or special payment plans if you have difficulty making the monthly payment determined by the Fiscal Account Clerk. Additional information will be requested and reviewed by a Waukesha County Collection Specialist to provide this service.

Payment for services is an obligation established by law. The primary statutes that provide Wisconsin's fee system are SS 46.03(18) and 46.10. The Uniform Fee System is further specified in the Wisconsin Administrative Code, Chapter HFS 1 of the Department of Health and Family Services.

If you have questions, you may:

Call 262-548-7697

Write to:
Waukesha County Department of Health and Human Services
Billing Unit
500 Riverview Avenue
Waukesha, WI 53188

Billing Rates Effective January thru December 2008

Mental Health Clinics

Individual Services

Psychologist	\$154.75/hr
Clinical Social Wrkr	\$109.40/hr
AODA Counselor BSW	\$ 98.25/hr
AODA Counselor MSW	\$ 98.00/hr
Med Check (M.D.)	\$ 76.10/15 mins
Med Shots (RN)	\$ 86.90/hr

Group Services

AODA Educ. Group	\$ 19.65/hr
AODA Group	\$ 24.55/hr
AODA Multi-Family Group	\$ 49.15/hr
MH - MSW Group	\$ 27.35/hr
MH - Psychologist Group	\$ 38.79/hr
MH - MSW/MSW Group	\$ 36.50/hr
MH - MSW/Psychologist	\$ 44.00/hr

AODA clients receiving services in residential or day services will be liable for the first \$1,000 of services before any reduction of liability.

(Rates are subject to annual review)

Excerpt from
WAUKESHA COUNTY MAXIMUM MONTHLY
PAYMENT SCHEDULE FOR 2008

GROSS MONTHLY INCOME		PERSONS LIVING IN FAMILY		HFS1	
from	to	1	2	3	4
0	721	0	0	0	0
722	1375	25	25	25	25
1376	1400	25	25	25	25
1401	1425	26	25	25	25
1426	1450	26	25	25	25
1451	1475	26	25	25	25
1476	1500	26	25	25	25
1501	1525	31	25	25	25
1526	1550	38	25	25	25
1551	1575	45	25	25	25
1576	1600	52	25	25	25
1601	1625	59	25	25	25
1626	1650	66	25	25	25
1651	1675	73	25	25	25
1676	1700	80	25	25	25
1701	1725	87	25	25	25
1726	1750	94	25	25	25
1751	1775	101	25	25	25
1776	1800	108	25	25	25
1801	1825	115	25	25	25
1826	1850	122	26	25	25
1851	1875	129	26	25	25
1876	1900	136	26	25	25
1901	1925	143	26	25	25
1926	1950	150	29	25	25
1951	1975	153	36	25	25
1976	2000	155	43	25	25
2001	2025	157	50	25	25
2026	2050	158	57	25	25
2051	2075	160	64	25	25
2076	2100	162	71	25	25

(A Fiscal Account Clerk can give you information pertaining to the Maximum Monthly Payment Schedule for incomes in excess of \$2100 and 4 family members.)