

**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 (Forward Health), 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 (Forward Health) 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 §§ 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 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 2010**

**Mental Health Clinics**

**Individual Services**

Psychologist	\$170.80/hr
Clinical Social Wrkr	\$122.51/hr
AODA Counselor BSW	\$104.35/hr
AODA Counselor MSW	\$105.15/hr
Med Check (M.D.) min.	\$ 84.50/15
Med Shots (RN)	\$ 91.40/hr
Advanced Practice Nurse Prescriber min.	\$ 84.50/15

**Group Services**

AODA Educ. Group	\$ 20.85/hr
AODA Group	\$ 26.10/hr
AODA Multi-Family Group	\$ 52.15/hr
MH MSW Group	\$ 30.60/hr
MH Psychologist Group	\$ 42.70/hr
MH MSW & Psychologist	\$ 48.85/hr
MH MSW & MSW	\$ 40.85/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)**

(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.)

Excerpt from  
WAUKESHA COUNTY MAXIMUM MONTHLY  
PAYMENT SCHEDULE FOR 2010

GROSS MONTHLY INCOME		PERSONS LIVING IN FAMILY			HFS1
from	to	1	2	3	4
0	758	0	0	0	0
758	1375	25	25	25	25
1376	1400	25	25	25	25
1401	1475	25	25	25	25
1476	1500	26	25	25	25
1501	1525	26	25	25	25
1526	1550	26	25	25	25
1551	1575	28	25	25	25
1576	1600	35	25	25	25
1601	1625	42	25	25	25
1626	1650	49	25	25	25
1651	1675	56	25	25	25
1676	1700	63	25	25	25
1701	1725	70	25	25	25
1726	1750	77	25	25	25
1751	1775	84	25	25	25
1776	1800	91	25	25	25
1801	1825	98	25	25	25
1826	1850	105	25	25	25
1851	1875	112	25	25	25
1876	1900	119	25	25	25
1901	1925	126	25	25	25
1926	1950	133	26	25	25
1951	1975	140	26	25	25
1976	2000	147	26	25	25
2001	2025	153	28	25	25
2026	2050	154	35	25	25
2051	2075	156	42	25	25
2076	2100	158	49	25	25