



Please detach this portion, and return with your completed information in the envelope provided.

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Affordable Care Act:

Consumers can now shop for health insurance through the marketplace. Based on your family size and income, you may be eligible for premium assistance or tax subsidies to assist with the cost of your premiums. To learn more, call 800-318-2596 or visit healthcare.gov.

State of WI Financial Assistance Programs:

Financial Assistance programs including FoodShare Medical Assistance/BadgerCare, and Child Care are administered through the Moraine Lakes Consortium. The public is encouraged to apply for benefits online at access.wi.gov or by calling 888-446-1239.

If you or someone you know is in need of crisis services, please call our crisis intake line at (262) 548-7666 during normal business hours (M-F 8am—4:30 pm)

After normal business hours, please call:

(262) 547-3388 or

211

Crisis Intervention Services

Billing, Insurance, and Payment Information

Crisis Intervention

Waukesha County DHHS offers services for individuals experiencing crisis events on a 24-hour basis. Crisis services are provided in accordance with Wisconsin Administrative Code DHS Chapter 34.

Billing:

Crisis intervention services are billable services. When you receive Crisis services from Waukesha County and do not have commercial insurance, Medicare, or Medicaid coverage, you are legally responsible and will be billed for the full cost of care. If you have questions about fees, please call the number below.

Insurance Processing:

Waukesha County may prepare and file claims to your insurer as a courtesy; however, this does not relieve you of your obligation to pay. To ensure rapid resolution of insurance claims, it is vital that we have accurate and up-to-date information.

Due to the nature of crisis intervention services, we understand that insurance information may not be readily available at the time services are rendered. To expedite the process and to provide the best services to you, we ask that you complete and return this form to our Patient Accounts Department.

Questions? Contact Us:

Waukesha County DHHS
Patient Accounts Department
514 Riverview Ave
Waukesha, WI 53188

(262) 548-7279 Phone

(262) 896-3375 Fax

Ability to pay/Financial Hardship:

In special circumstances or cases of hardship, extended payments may be arranged through the Patient Accounts Department. For more information, please call (262) 548-7279.

Payment:

Billing statements are sent out on a monthly basis. Balances shown on the statement are due within 30 days of the statement date. After 90 days of delinquency and no current payment plan status, your account will be referred to the Waukesha County Collection Division (WCCD) for debt resolution.

Further Information:

Crisis is legally defined, according to Wisconsin Administrative Code DHS Chapter 34.02 (5) as a "situation caused by an individual's apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care of support for the individual". Per DHS 34.20 (1), Crisis Intervention Services are billable services. Crisis services are voluntary unless there is an immediate risk. Per Chapter 51.15(2), law enforcement is required to involve crisis services for an assessment when a situation presents with substantial probability of physical harm to self or others.

Fee Schedule:

Initial Crisis Services:

First 74 minutes: \$189.50 - \$216.38

Each additional half hour: \$56.64 - \$75.52

Follow up services (including via phone):

\$56.64 - \$216.38

Patient Information:

Patient Name _____

Address _____

City, Zip _____

Date of Birth _____

Responsible Party (if not the patient):

Relationship to patient: _____

Insurance Information:

Insurance Carrier _____

Subscriber Name _____

Subscriber ID _____

Group Number _____

Insurance Phone # (as listed on the back of your card) _____

Failure to return this information to Waukesha County within 15 business days from the date of service will result in services being billed to you at full cost.

Service Date ____/____/____

Staff Initials _____

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