



Kolpia Counseling Services, a program of Options for Southern Oregon
611 Siskiyou Blvd. Ste 8 Ashland, OR 97520 P: (541)482-1718 F: (541)482-0964
836 E Main St. Ste 6 Medford, OR 97504 P: (541)500-8023 F: (541)500-8065



SUD FEE AGREEMENT

_____ agrees to pay all fees incurred during treatment at Options for Southern Oregon/Kolpia Counseling for SUD services.

These fees will include the full cost of treatment according to the fee schedule below (not all services are listed):

SUD Assessment	\$466.91	SUD Case Management (per 15 min)	\$77.82
SUD Treatment Planning	\$233.45	SUD Interpretation of Results	\$168.58
SUD Counseling Session (1 hr)	\$311.28	SUD Urinalysis Collection & Testing	\$75.00
SUD Group Counseling	\$103.76	SUD Family Therapy	\$311.27

ALL FEES ARE DUE AT TIME OF SERVICE

Some insurances may cover SUD services however there is no guarantee of payment by your insurance. If you do not meet medical justification for treatment then insurance will not be billed.

If you have Oregon Health Plan and you do not meet medical justification for treatment then you will need to sign additional agreement to pay forms on a monthly basis to continue receiving services and Oregon Health Plan will not be billed.

Verbal verification of account balance is available upon request. Verbal verification of account balance is provided as a client courtesy and is not intended to be binding as a final balance due. **Payment in full is expected at each service. If you are more than 1 service behind, treatment may be suspended.**

Because service is based on individual need, it is difficult to know the total cost. Additional case management, consultations and drug screens may be needed during treatment. I understand my total bill will be according to services justified by the American Society of Addictions Medicine's admission, continued stay and discharge criteria, approved by the Oregon State Office of Mental Health and Addiction Services. Fees are subject to change without notice.

Date: _____ Individual/Responsible Party _____
Signature

Date: _____ Witness: _____
Signature