

## Tuscola Behavioral Health Systems FINANCIAL INFORMATION AND PAYMENT AGREEMENT

Tuscola Behavioral Health Systems is a government, non-profit health care organization financed by consumer payments, funds from Federal, State, and Local Governments, and contributions. Your financial liability for Agency services will be no more than the rate appearing on the Agency's current charge schedule or no more than your ability to pay as determined by the Agency's current ability to pay schedule, whichever is less. If you have insurance benefits for Behavioral Health services or are eligible for other types of Third Party Coverage, these sources may pay for part, or perhaps all, of the costs of the services you receive. Any unpaid amounts by your insurance will become your responsibility up to the total charge or your ability to pay, whichever is less.

In order that your payment responsibility is properly determined, it is necessary that you provide the following information. Completion of this form is voluntary; but, if you decline, you will be responsible for paying the program's standard charge(s) for the service(s) you receive.

Name of Individual Served: \_\_\_\_\_ Individual Served Date of Birth: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_ Family Size (including yourself, spouse & children): \_\_\_\_\_

Please list the responsible party if not the individual served. This means a person who is financially liable for services furnished to the individual. Responsible party includes the spouse of the individual being served and parent(s) of a minor.

Person Responsible to pay bill name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship to individual served: \_\_\_\_\_

### Household Members & Income:

- Individual Served • Individual Served & Spouse • Children of Individual Served, if claimed on taxes
- Parents, if individual served is under 18 • Parents other minor children, if claimed on taxes

Family Size as defined above \_\_\_\_\_

Other Household Members (When family size > 1)	Name	Date of Birth
Other		
Other		
Other		
Other		

Source	Self - Monthly	Other - Monthly	Total - Annually
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veteran's payments, survivor benefits, pension or retirement income			
Interest, dividends, royalties, income from rental properties, estates, and trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources			
Total Income			

Poverty Guidelines 2025																
Poverty Level																
Family Size		100% or below	101 - 125%	126 - 150%	133%	151 - 175%	176 - 200%	201-225%	226-250%	251-275%	276-300%	301-325%	326-350%	351-375%	376-400%	401%
	1	\$ 15,650	\$ 19,563	\$ 23,475	\$ 20,815	\$ 27,388	\$ 31,300	\$ 35,213	\$ 39,125	\$ 43,038	\$ 46,950	\$ 50,863	\$ 54,775	\$ 58,688	\$ 62,600	\$ 62,601 +
	2	\$ 21,150	\$ 26,438	\$ 31,725	\$ 28,130	\$ 37,013	\$ 42,300	\$ 47,588	\$ 52,875	\$ 58,163	\$ 63,450	\$ 68,738	\$ 74,025	\$ 79,313	\$ 84,600	\$ 84,601 +
	3	\$ 26,650	\$ 33,313	\$ 39,975	\$ 35,445	\$ 46,638	\$ 53,300	\$ 59,963	\$ 66,625	\$ 73,288	\$ 79,950	\$ 86,613	\$ 93,275	\$ 99,938	\$ 106,600	\$ 106,601 +
	4	\$ 32,150	\$ 40,188	\$ 48,225	\$ 42,760	\$ 56,263	\$ 64,300	\$ 72,338	\$ 80,375	\$ 88,413	\$ 96,450	\$ 104,488	\$ 112,525	\$ 120,563	\$ 128,600	\$ 128,601 +
	5	\$ 37,650	\$ 47,063	\$ 56,475	\$ 50,075	\$ 65,888	\$ 75,300	\$ 84,713	\$ 94,125	\$ 103,538	\$ 112,950	\$ 122,363	\$ 131,775	\$ 141,188	\$ 150,600	\$ 150,601 +
	6	\$ 43,150	\$ 53,938	\$ 64,725	\$ 57,390	\$ 75,513	\$ 86,300	\$ 97,088	\$ 107,875	\$ 118,663	\$ 129,450	\$ 140,238	\$ 151,025	\$ 161,813	\$ 172,600	\$ 172,601 +
	7	\$ 48,650	\$ 60,813	\$ 72,975	\$ 64,705	\$ 85,138	\$ 97,300	\$ 109,463	\$ 121,625	\$ 133,788	\$ 145,950	\$ 158,113	\$ 170,275	\$ 182,438	\$ 194,600	\$ 194,601 +
	8	\$ 54,150	\$ 67,688	\$ 81,225	\$ 72,020	\$ 94,763	\$ 108,300	\$ 121,838	\$ 135,375	\$ 148,913	\$ 162,450	\$ 175,988	\$ 189,525	\$ 203,063	\$ 216,600	\$ 216,601 +
	For each additional person, add	\$ 5,500	\$ 6,875	\$ 8,250	\$ 7,315	\$ 9,625	\$ 11,000	\$ 12,375	\$ 13,750	\$ 15,125	\$ 16,500	\$ 17,875	\$ 19,250	\$ 20,625	\$ 22,000	\$ 22,001 +
Percentage of Income for ATP		0%	3%	4%	4%	5%	6%	7%	8%	9%	10%	11%	12%	13%	14%	15%

I certify that the above information concerning State Taxable Income, Other Income and Family Size is accurate.

Annual Qualifying Income (AQI) (Total Income from Page 1) \_\_\_\_\_

Base Income for Family Size (133% of Poverty Amount for Family Size from table above) \_\_\_\_\_

Income Available for Cost of Care (Take AQI – Base Income) \_\_\_\_\_

Annual Qualifying Income (AQI) divided by Base Income for Family Size = Qualifying Income Percentage \_\_\_\_\_ (Refer to above chart)

Associated Percentage for ATP \_\_\_\_\_ multiplied by Income Available for Cost of Care (round down to nearest dollar) = \_\_\_\_\_

Amount Listed above Divided by 12 months = \_\_\_\_\_

I understand the above poverty guideline and discount applied per above table.

I agree to complete this form every 12 months and notify Tuscola Behavioral Health Systems of any changes in this information during the course of my treatment, (i.e., changes in income and family size, changes in employment status, etc.).

☐ I agree to pay \$ \_\_\_\_\_ monthly for the services provided and agree to pay this charge within 30 days.  
(Income Available for Cost of Care X Associated Percentage for ATP)

I understand that I have 30 days to appeal the fee amount determined and that a full review of my total financial situation will be conducted (if appealed).

If I choose to receive services from Tuscola Behavioral Health Systems, I understand I am liable for the fee assessed for such services based on my ability to pay.

In the event that the account is sent to collections, I understand that all necessary information, including my Social Security Number, will be provided to the collection agency for processing.

_____ INDIVIDUAL SERVED/RESPONSIBLE PARTY SIGNATURE      DATE	_____ PREPARER SIGNATURE      DATE
Preparer has given a copy to consumer after review [    ]	

Finance Use Only  
Note Section: