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.

Consumer Name:		Consumer's Date of Birth:
Case Number:	Date:	Family Size (including yourself, spouse & children):
Address:	esponsible party) bill name:	Date of Birth: Gender: Relationship to consumer:

Please list all household members, including those under age 18.

	Name	Date of Birth
Self		
Other		
Other		
Other		

Source	Self	Other	Total			
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 2024																
									Poverty	/ Level							
Family Size					126 - 150%			176 - 200%	201-225%	226-250%	251-275%	276-300%	301-325%	326-350%	351-375%	376-400%	401%
	2	\$ \$														\$ 60,240 \$ 81,760	\$ 60,241 + \$ 81,761 +
	3	\$		\$ 32,275	\$ 38,730	\$34,341	\$ 45,185					\$ 77,460		\$ 90,370		\$ 103,280	\$ 103,281 +
	4	\$	31,200	\$ 39,000	\$ 46,800	\$41,496	\$ 54,600	\$ 62,400	\$ 70,200	\$ 78,000			\$ 101,400	\$ 109,200	\$ 117,000	\$ 124,800	\$ 124,801 +
	5			\$ 45,725		\$48,651	\$ 64,015		\$ 82,305			\$ 109,740		\$ 128,030		\$ 146,320	\$ 146,321 +
		\$ \$		\$ 52,450 \$ 59,175			\$ 73,430 \$ 82,845		\$ 94,410 \$ 106,515			\$ 125,880 \$ 142,020		\$ 146,860 \$ 165,690		\$ 167,840 \$ 189,360	\$ 167,841 + \$ 189,361 +
	8	\$						\$ 105,440								\$ 210,880	ĺ
	For each additional		,		. ,	. ,	. ,	. ,		. ,	. ,	. ,	. ,	. ,		. ,	
	person, add	\$	5,380	\$ 6,725	\$ 8,070	\$ 7,155	\$ 9,415	\$ 10,760	\$ 12,105	\$ 13,450	\$ 14,795	\$ 16,140	\$ 17,485	\$ 18,830	\$ 20,175	\$ 21,520	\$ 21,521 +
	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)																	
	se Income			. , .			- /	mily Size	from tabl	a above)	-						
												A					
	ome Availa											ASSOC	ated Pero	centage to	or ATP		
l ur	derstand	the al	pove po	overty guid	deline and	d discoui	nt applied	per abov	e 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)																	
l ur	derstand	that I	have 30	0 days to	appeal th	e fee an	nount det	ermined a	and that a	full revie	w of my to	otal financ	cial situati	on will be	conduct	ed (if app	ealed).
lf I pay		recei	ve servi	ices from	Tuscola I	Behavior	al Health	Systems	, I unders	tand I am	liable for	the fee a	ssessed	for such s	ervices b	ased on r	ny ability to
In t	he event t	hat th	ie acco	unt is ser	nt to colle	ctions, I	understa	nd that al	l necessa	ry inform	ation, inc	luding my	Social S	ecurity N	umber, w	ill be prov	vided to the
coll	ection age	ency f	or proce	essing.													
С	ONSUME	R/RE	SPONS	BLE PA	RTY SIG	VATURE		DATE	_	PREP	ARER SI	GNATUR	E				DATE
												Prepare	er has give	en a copy	to consu	mer after	review []
Fin	ance Use	Only															
Со	nsumer Na	ame:															
	proved Dis		t:														
	proved By: e Approve																
			kliet											/00		No	
Verification Checklist Identification/Address: Driver's license, utility bill, employment ID, or other										(es		No					
Income: Prior year tax return, three most recent pay stubs, or other Self-declaration of income may also be used.																	
							Selt-d	eclaration	of incom	e may als	so be use	d.					