

## Billing Authorization/Disclosure Statement

### Member Enrollment

To be eligible to receive public funds to help pay for the cost of your mental health and/or substance use disorder services, you will need to read and sign this statement that allows the agency to give billing information to the Mental Health and Recovery Services Board of Richland County . Starting July 1, 2014, all agencies in the Mental Health and Recovery Services Board of Richland County network will change how they submit billing and receive payment from the Mental Health and Recovery Services Board of Richland County.

Agencies will use a uniform sliding fee scale based on the federal poverty guidelines to determine what, if anything, you may need to pay for services. If you do not currently have insurance or Medicaid benefits, an agency staff member can assist you with a Thorough Benefit Evaluation (TBE). This may include applying for Medicaid benefits or accessing the [www.healthcare.gov](http://www.healthcare.gov) website to help you apply for health insurance coverage.

If you are eligible for Medicaid or other public funds, then the agency will submit billing information, such as your name and social security number to the Mental Health and Recovery Services Board of Richland County. The Board will:

- Enroll you in the Richland County Plan or State Medicaid Plan and
- Determine what public funds can be used to pay for your services, and
- Pay the agency through an information system that communicates with Ohio Department Job and Family Services for possible Medicaid eligibility purposes.

**ALL INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL**, consistent with state and federal law, including but not limited to compliance with the HIPAA Privacy Act and the 42 CFR. Name identified information will only be used to pay for services received. Other information will be kept without your name attached and will be stored by a unique number. You have the right to review your records and notify the provider of errors in the record. Billing information will be kept for a minimum of six years after you have received services, and only demographic information will be kept after that time.

Richland County residents will have 60 days from the date of this disclosure to participate in the TBE, either with an agency staff member or independently. **Refusal or lack of proof to attempt to enroll in either of the above stated insurance/benefit plans will result in 100% full fee to the client/guardian for future services rendered.** The agency may not be able to provide services after 7/1/2014 if you do not agree to allow the board to determine if you are eligible for public funds. If you have any questions please discuss them with the Financial Registration Department.

Agency Name: \_\_\_\_\_

Name of Client: (Please Print) \_\_\_\_\_

Signature of Client/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Guardian Refusal Signature: \_\_\_\_\_ Date: \_\_\_\_\_