

SILVER HILL HOSPITAL 208 Valley Road New Canaan CT 06840	Deposit Policy	Patient Name
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INPATIENT

Self Pay – Payment is required at time of admission and is based on an average stay of five to seven days:

(Length of stay is determined by the treatment team)

Psychiatric \$ 16,800 deposit required (7 days) Revenue Code: 0124 or 0126

Dual Diagnosis \$ 16,800 deposit required (7 days) Revenue Code: 0124 or 0126

Addiction \$ 12,000 deposit required (5 days) Revenue Code: 0124 or 0126

Stays needing additional days will be charged at a rate of \$2,400/day and due prior to discharge.

Contracted Payers – During the admission process patients are advised of the requirement to pay deductible and co-insurance amounts, if applicable. After benefits are verified, patients are advised of their financial obligation and payment is requested by Admissions staff.

Non-contracted Payers – Patients are treated as self-pay for the purpose of collecting a deposit. Authorization for admission is obtained for patients with an out of network benefit. Patients must sign a non-covered letter. The patient will be provided an itemized bill for submission to their insurance company after discharge.

TRANSITIONAL LIVING PROGRAM

All patients are required to pay a \$5,000 deposit, in advance, in order to reserve a bed. In the event of a patient cancellation seven or more days before the scheduled admission date, only \$4,000 will be refunded. In the event of a cancellation between one and six days, only \$2,500 will be refunded. In the event of a cancellation less than 24 hours before the scheduled admission, or after admission occurred, the \$5,000 will not be refunded.

Exceptions:

1. If a patient cannot be admitted at their scheduled time because they are hospitalized, the deposit will be held and applied to their rescheduled admission if such admission occurs within three (3) months or other time period agreed to by the SHH Admission Clinical staff.
2. If a patient cannot be admitted at their scheduled time due to a failed intervention, as verified by the interventionist and SHH Admission Clinical staff, the deposit will be held to be applied against a future admission within twelve (12) months.
3. There is an Administrative Fee of \$250 for all cases that are not clinically successful for admission including Interventions, \$4,750 will be refunded.

All patients admitted to the Transitional Living Program are required to pay all self-pay costs of the program prior to admission. This includes patients admitted to an observation/program evaluation bed.

Patients seeking direct admission from the community or another facility to the Dialectical Behavior Therapy (DBT), Persistent Psychiatric Disorder, Dual Disorders, DBT-S, Adolescent, or The Steward House Transitional Living programs may require a short stay in an observation/program evaluation bed on an inpatient or alternate unit prior to admission to the Transitional Living Program. In such cases, an additional charge of \$1,800 per day will be added to the base cost of the Transitional Living Program.

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Transitional Living Program Cost for Self-Pay and Non-Contracted Payers

The cost for the Transitional Living Programs varies by treatment track:

- 28-day Addiction Program: \$56,780 (includes 18 IOPs)
- 28-day Dual Diagnosis/DBT-S Program: \$56,780 (includes 18 IOPs)
- 28-day DBT Program: \$56,780 (includes 18 IOPs)
- 28-day Professional Program at The Steward House: \$81,980 (includes 18 IOPs)
- 35-day Adolescent Program: \$67,220 (includes 22 IOPs)
- 42-day Persistent Psychiatric Disorder Program: \$73,200 (includes 20 IOPs)

IOPs are billed at a rate of \$510 each.

Transitional Living Program with In-network Insurance that has IOP benefit coverage

All the Transitional Living Treatment Tracks have an intensive outpatient component (IOP) as part of the daily programming.

Prior to admission to the Transitional Living Program, patients with in-network coverage for Intensive Outpatient (IOP) services will have benefits verified. Patients will be advised of their obligation to pay the estimated deductible, coinsurance, and co-payment for the IOP services at the time of admission.

The Transitional Living Program base cost plus the estimated insurance out-of-pocket for IOP visits is collected at time of admission. Patients are also advised that if IOP benefits cease to be authorized during their stay, they are required to sign a non-covered letter and are responsible to self-pay for the IOPs at the contracted rate.

The cost for the Transitional Living Programs varies by treatment track:

- 28-day Addiction Program: \$47,600 + estimated out-of-pocket for IOP
- 28-day Dual Diagnosis/DBT-S Program: \$47,600 + estimated out-of-pocket for IOP
- 28-day DBT Program: \$47,600 + estimated out-of-pocket for IOP
- 28-day Professional Program at The Steward House: \$72,800 + estimated out-of-pocket for IOP
- 35-day Adolescent Program: \$56,000 + estimated out-of-pocket for IOP
- 42-day Persistent Psychiatric Disorder Program: \$63,000 + estimated out-of-pocket for IOP

Private Rooms

Requests for private rooms that are double occupancy are accommodated on a case-by-case basis.

The base cost of a private room varies by treatment track:

- Addiction/ Dual Disorder Diagnosis/DBT-S: \$102,980 (28-day stay including 18 IOPs)
- DBT Program: \$102,980 (28-day stay including 18 IOPs)
- Adolescent Program: \$121,470 (35-day stay including 22 IOPs)
- Persistent Psychiatric Disorder Program: \$134,100 (42-day stay including 20 IOPs)
- All rooms at The Steward House and Argent are private accommodations

Patients requiring an observation/program evaluation bed prior to admission to the Transitional Living Program must pay an additional \$3,600 per day for a private room.

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Transitional Living Program continued

If requested by an insurance company, single case agreements for inpatient services or the Transitional Living Program can be negotiated. An insurance company representative should contact Angel Betancourt, Director of Patient Accounts, at 203 801-2301, to discuss payment rates and terms.

Patients requesting a 2-part payment plan must contact us by email at: PatientAccounts@silverhillhospital.org prior to admission to arrange a payment schedule if agreeable to terms.

The cost of medications, non-routine laboratory tests and personal items/services are not included in the base cost of the program. Your insurance will be billed separately for medications. The Trauma Track (CPT) is a separate cost in the amount of \$4,500 and is not included in the base cost of the program.

Patients that choose not to complete the entire program will be subject to a non-refundable portion that is in addition to the services rendered. The non-refundable portion applied may be up to \$11,760 for regular accommodations, \$23,170 for private accommodations, and \$18,025 for Steward House accommodations. Patients that discharge 6 days or less prior to completing any TLP program will be subject to a non-refundable portion at the daily program rate for regular accommodations and double the rate for private accommodations, respective to the treatment track attended, when applicable.

The daily rates are listed below:

	<u>Regular</u>	<u>Private</u>	<u>Service Code</u>
▪ Addiction Program:	\$1,700	\$3,350	Revenue Code: 1003
▪ Dual Diagnosis/DBT-S Program:	\$1,700	\$3,350	Revenue Code: 1003
▪ DBT Program:	\$1,700	\$3,350	Revenue Code: 1003
▪ The Steward House Program:	\$2,600	\$2,600	Revenue Code: 1003
▪ Adolescent Program	\$1,600	\$3,150	Revenue Code: 1003
▪ Persistent Psychiatric Disorder Program	\$1,500	\$2,950	Revenue Code: 1003

INTENSIVE OUTPATIENT

Self Pay – payment is required at time of start of program:
24 Sessions \$12,240 deposit required (\$510 per session)
Revenue Code: 0905 or 0906
CPT Code: 90853

Contracted Payers – During the admission process patients are advised of the requirement to pay deductible and co-insurance amounts, if applicable. After benefits are verified, patients are advised of their financial obligation and payment is requested by Patient Accounts Dept.

Non-contracted Payers – Patients are treated as self-pay for the purpose of collecting a deposit. Authorization for admission is obtained for patients with an out of network benefit. Patients must sign a non-covered letter. The patient will be provided an itemized bill for submission to their insurance company after discharge.

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Silver Hill Hospital's Self-pay Elective Programs

ARGENT ASSESSMENT PROGRAM

- All patients are required to pay a \$5,000 deposit, in advance, in order to reserve a bed. In the event of a patient cancellation seven or more days before the scheduled admission date, a fee of \$1,000 will be incurred and only \$4,000 will be refunded. In the event of a cancellation is less than seven days before the scheduled admission, or after admission occurred, the \$5,000 deposit will not be refunded. There is an Administrative Fee of \$250 for all cases that are not clinically successful for admission including Interventions, \$4,750 will be refunded.

Self Pay (Elective, not billable to insurance) – payment is required prior to starting program:

12 Days/ 11 Nights \$ 34,800 due on or prior to start of program

Patients that choose not to complete the entire length of their program will be subject to a non-refundable charge of up to \$20,300.

TRAUMA RECOVERY SUPPORT SERVICES

Self Pay (Elective, not billable to insurance) – payment in full is required on or before starting services:

12 Sessions \$ 4,500 deposit required (\$ 375 per session).
Enhancement service for select Transitional treatment tracks.
Clinical approval required.

- Trauma Recovery Support Services are billed on a full program basis. In the event you are unable to complete the program in its entirety, we will work with you on a plan to either offer options to complete the program or will refund on a percentage basis of unused sessions (75% if you discontinue in week 1, 50% for week 2, 25% for week 3), no refund if you are in the final week of programming. Refunds are processed for this program 7-10 days post discharge, if applicable.

AFTERCARE SUPPORT SERVICES

Self Pay (Elective, not billable to insurance) – minimum payment of 3 months for selected level is required at time of start of program:

Level 1	10 hours of service/month	\$ 1,000 a month
Level 2	20 hours of service/month	\$ 2,000 a month
Level 3	30 hours of service/month	\$ 3,000 a month

Aftercare Support Services are billed on a monthly basis and require advance notification of discontinuation of services. SHH bills on the 1st of each month. Any unbilled advance deposit will be refunded within 7 business days of notification to discontinue.