



SILVER HILL RESIDENTIAL FINANCIAL DISCLOSURE

Silver Hill Therapeutic Services, LLC is out-of-network with insurance companies for the Residential Program. The residential level of care is out-of-network with your insurance plan. As a result, full payment is required prior to admission. If you have payment questions, please contact the Patient Accounts office.

The minimum stay and charges for the Residential Program are as follows:

Program/House	Minimum Stay (in days)	Base Charges
DBT River House	28	\$58,800
DBTS Scavetta House	28	\$58,800
Professional Steward	28	\$95,200
Adolescent K-House	35	\$61,250
Neuropsych Lodge	42	\$88,200
Triumph Barrett House	42/84	\$113,400/\$226,800

How can we assist you?

We will try to obtain prior authorization and provide you with a claim form within fourteen days of discharge. It is your sole responsibility to submit the claim form to your insurance company for a direct reimbursement.

Additional Services

- Trauma Track/CPT, Psychological testing, non-routine laboratory tests, and medications are not included in the program charge and will be separately billed to you or insurance carrier.
- The Wellness Program, which includes massage therapy, acupuncture, yoga, stress reduction classes, and craniosacral therapy, is available to residential living patients for an additional fee.

Early Voluntary Discharge Fees

Patients who choose not to complete the entire program will be subject to a non-refundable portion in addition to the services rendered. The non-refundable portion may be up to \$5,000.00 for regular accommodations, \$10,000.00 for private accommodations, \$10,000 for Triumph accommodations, and Steward House accommodations. Patients discharged six days or less before completing any Residential 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.

My signature indicates that I have read and understand the information regarding the cost of the Residential Program, what is not covered under the base cost, and the non-refundable portion that is applied if the patient chooses not to complete the entire program.

Patient/Guarantor Signature _____ Print Name _____

Date: _____

Witness Signature _____