

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

Self-Pay - Payment is required at the time of admission and is based on the average length of stay. The total length of stay is determined by treatment and clinical necessity.

Psychiatric	\$ 17,640 deposit required (7 days) Revenue Code: 0124
Addiction	\$ 12,600 deposit required (5 days) Revenue Code: 0126

Stays needing additional days will be charged \$2,520/day and are 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 verifying benefits, patients are informed of their financial obligation, and the Admissions staff request payment.

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

RESIDENTIAL PROGRAM
Silver Hill Therapeutic Services, LLC.

All patients are required to pay a \$5,000 deposit in advance to reserve a bed. This deposit is a commitment to the treatment program and helps ensure the patient's readiness for the Program. A \$1,000 non-refundable fee will be applied, and \$4,000 will be refunded if the reservation is cancelled before the admission date. There is no refund on the deposit payment if the reservation is cancelled on the date of the admission or after inpatient admission occurred and the transfer to the Residential Program was refused/rejected. Silver Hill will retain the entire \$5,000 deposit.

Exceptions:

1. Suppose a patient cannot be admitted at their scheduled time because they are hospitalized. In that case, the deposit will be held and applied to their rescheduled admission if such admission occurs within three (3) months or other period agreed to by the SHH Admission Clinical Director.
2. Suppose a patient cannot be admitted at their scheduled time due to a failed intervention, as verified by the interventionist and SHH Admission Clinical staff. In that case, 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 Residential Program are required to pay all self-pay program costs prior to admission.

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Residential Program Cost for Self-Pay and Non-Contracted Payers

The cost for the Residential Programs varies by treatment track:

- 28-day DBT-S Program: \$59,136
- 28-day Resilience Program: \$59,136
- 28-day Steward Program: \$87,360
- 35-day Adolescent Program: \$70,000
- 42-day Neuropsychiatric Program: \$88,200
- 84-day Triumph Program: \$226,800 / 42-day minimum: \$113,400

Private Rooms

Requests for double-occupied private rooms are accommodated on a case-by-case basis. Payment for private rooms must be made in full prior to services being rendered.

The cost of a private room varies by treatment track:

- 28-day DBT-S: \$118,272
- 28-day Resilience Program: \$118,272
- 35-day Adolescent Program: \$140,000
- 42-day Neuropsychiatric Program: \$176,400
- All rooms at The Steward House, The Triumph Program at Barrett House, and Hill House are private accommodations

Residential Program continued

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, which includes a \$400 service fee.

The cost of medications, non-routine laboratory tests, and personal items/services is not included in the Program's base cost. Your insurance will be billed separately for medications. Trauma Track (CPT) has a fee of \$5520, which is not included in the Program's base cost.

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 the Triumph and Steward Program accommodations.

My signature indicates that I have read and understood 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.

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The daily rates are as follows:

Program	Regular Daily Rate	Rev Code
DBT-S Program	\$2,112	1001/1002
DBT Program	\$2,112	1001/1002
The Steward House Program	\$3,120	1001/1002
Adolescent Program	\$2,000	1001/1002
Neuropsychiatric Program	\$2,100	1001/1002
Triumph Program	\$2,700	1001/1002

INTENSIVE OUTPATIENT PROGRAM

Self-Pay - payment is required at the time of the start of the Program:

24 Sessions \$14,520 deposit required (**\$605** 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 the Patient Accounts Department.

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

TRAUMA RECOVERY SUPPORT SERVICES TRACK

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

For 12 sessions - \$ 5,520 deposit is required (\$ 460 per session).
Enhancement service for select Residential treatment tracks.

Clinical approval is required.

- Trauma Recovery Support Services are billed on a complete 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. If applicable, refunds are processed for this Program 7-10 days post-discharge.

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CARE NAVIGATION SUPPORT SERVICES

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

Level 1	10 hours of service/month	\$ 1,500 a month
Level 2	20 hours of service/month	\$ 3,000 a month
Level 3	30 hours of service/month	\$ 4,500 a month

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