



Service/Fee Information

Brochure

New Patient Registration

On your first visit to LifeSpring, you will be asked to complete a financial application, provide proof of Indiana residency and verify your income if, applying for a client discount. All current health insurance must be reported and will be verified.

ADDRESS

To serve our clients, we must have **both** the **physical living address** and a **billing address**. It is your responsibility to notify the Center of any changes in either of the following:

- **Client Address**
This is the physical location in which the client is living.
- **Responsible Party Address**
This is the billing address of the person to whom the client statement will be sent—
Not a third party payer source.

Charges and Billing

An itemized statement covering your services will be mailed to you each month through our centralized billing department. This client statement will cover charges and client payments made, up to and including the last business day of the month. The Center's business office will gladly assist with any questions you are unable to have resolved at the location in which you received the service.

Payment Policies

It is important that you know what is expected of you in regards to payment of your account. Payment is expected at the time of service. Accounts over 90 days may be subject to outside collection. Accounts pulled for collection may have any discounted fees forfeited and the full cost may be charged to you.

Insurance and Third Party Payments

If you or another party carries health insurance covering any service LifeSpring has rendered, it is your responsibility to provide us with the proper billing information during the course of your treatment. If your coverage is contingent on a referral and/or prior approval, it is your responsibility to inform us.

Your statement will include the amounts pending with your Insurance Company. Claims are filed as a courtesy however; we cannot guarantee payment of your claim. Reduction or rejection of your claim by your insurance carrier does not relieve your financial obligation for the service you receive. Your Insurance policy is a contract between you and your insurance carrier. It is important that you understand its provisions. Services indicated on your statement that are pending status (being processed by your insurance carrier) are still your responsibility and will be billed to you when we have either received notification from your carrier, or there is a lack of information needed to process your claim.

Indiana Health Coverage Programs (Medicaid/Chips/etc.)

You will be responsible to pay any Spenddown and/or applicable co-pays as deemed by your IHCP.

- **Transportation Co Pays**
- **Spend down**
- **Co-pays as indicated by IHCP**

Medicare

LifeSpring is a participating provider with Medicare. You will be responsible for any applicable Deductible and Co-pays as specified by Medicare. Non-Covered services are your responsibility.

Medicare Re-placement policies:

These will be handled the same as private insurance.

Medicare Non Covered Services:

- **Case Management (may include telephone calls, letters, prescriptions)**
- **Assistance in Daily Living Activities**
- **Partial Hospital Programs**
- **Medications**

Inpatient services at Clark Memorial

LifeSpring will bill for the Doctor fees rendered by our staff while on this Inpatient unit. Clark Memorial Hospital (CMH) will bill for the room & board charges. Therefore, you will receive two statements, one from CMH and one from LifeSpring Mental Health.

LIFESPRING RECOVERY CAMPUS

Turning Point Center

This is a residential drug and alcohol treatment facility. Services must be pre-certified before Insurance will pay for these services.





FEE SCHEDULE:

No Show Policy:

Appointments must be cancelled within 24 hours or will be considered a no show and a charge of \$20 will be generated. Two no shows in 90 days and the Chart will be closed.

Doctor Services:

Initial Assessment: \$150.00 per hour
Pharm management: \$50.00 per visit
Individual Therapy: \$112.50 30 min.

Clinical Services:

Individual therapy: \$100.00 per hour
Nursing service: \$26.25 15 min
Case Management: \$26.25 15 min
PH Group: \$35.00 per hour
Group Therapy \$55.00 per hour

Case Management Services:

Case management: \$26.25 15 min
These charges may, or may not be face to face. Charges include phone calls made to therapist, nurse, physician, or case manager.
It can also be calls made on your behalf to include letters sent or anything else done on your behalf. The chart is reviewed every 75 days by the Therapist with the Physician; a charge is billed for this service.

Medicaid Pending Clients

If you have completed an application for Medicaid, you will need to bring in that documentation. You will be billed for these charges in the event your Medicaid is not approved. Proper documentation is required. Payment is expected by the Client as some services may not be covered due to effective dates and/or a spend down could be involved.

You are responsible to notify Lifespring when your Medicaid Pending status changes.
Example: Upon notification from IHCP=Indiana Health Care Program or the DCS (Department of Child Services) of any of the following:
Approval of Benefits
Denial of Benefits
Re-Instatement of Benefits
along with the appropriate dates.
Failure to inform Lifespring of changes in Benefit status can result in you being responsible for the charges.
Services may not be covered due to effective dates and/or a spend down could be involved.



As a community mental health center, Lifespring has been a part of Southern Indiana since 1964. We are certified by the Indiana Department of Mental Health and accredited by the Joint Commission.

We look forward to serving the needs of our Communities.

Serving Six Counties in Indiana

