



FINANCIAL OBLIGATION AGREEMENT

Client Name: _____ DMH Client ID #: _____

California Welfare and Institutions Code 5709 states that a person receiving mental health services at a Los Angeles County operated or contracted facility may be responsible for the cost of those services in accordance with their ability to pay. As a result of your financial screening, a determination has been made regarding your financial responsibility, as indicated here.

Annual Liability = **\$0.00** based on income and/or Medi-Cal without Share of Cost

- OR -

Based on the fee schedule issued by the State of California, your annual liability for the period of _____ to _____ will be \$ _____ or the actual cost of care, whichever is less.

Change in Financial Situation: You are required to notify all service providers as soon as there is a change in your financial situation such as changes in employment status, income, cash assistance (e.g., Social Security Supplemental Income [SSI], Social Security Disability Income [SSDI], General Relief [GR], etc.) or when there is a change your Medi-Cal, Medicare, or other healthcare insurance coverage. In the event of changes in financial situation or insurance coverage, you must be re-evaluated to determine whether your financial obligation for the remainder of this annual liability period has changed. Failure to notify this provider of changes in your financial situation or insurance coverage could lead to you being responsible for the full cost of the services received.

- In the event your annual liability exceeds the actual cost of care, you may discontinue your monthly payments once the actual cost of care has been paid in full.

I understand that by signing this agreement, it is my responsibility to pay the monthly annual liability payment and report any change to my financial and/or health coverage immediately.

Agreement to Pay: We have agreed to allow you to make monthly payments to pay off this debt. You have agreed to pay \$_____ per month for _____ months.

Client/Responsible Party Signature

Date

Program Representative's Signature

Date