TURNING POINT OF TAMPA, INC.
6227 SHELDON ROAD, TAMPA, FL 33615
Detoxification Program Fee Agreement

Pre-paid fees are based on the level of care and must be paid in full at the time of the client's admission. Turning Point offers this pre-payment arrangement based on the client's commitment for his/her treatment.

Daily cost of detoxification is $750.00

Admission to the detoxification program under this self-pay agreement requires an up-front payment of $3750.00 (5 days of services). If the detoxification program does not require the client be in treatment for 5 days and the physician authorizes the discharge the balance of the days unused will be refunded. Fees are NON-REFUNDABLE for any other discharge status.

These prices do NOT include medications, personal spending money, or the family program.

Other Costs:

- Family Weekend Program $500.00

Client Spending/Escrow Account: Clients are required to bring $200.00 to cover the cost of medications while in detox. Because Turning Point of Tampa does not operate a pharmacy an outside 24 hour pharmacy (Walgreens) is utilized. The $200.00 cash brought into treatment by the client will be converted into a prepaid VISA/MasterCard by the Business office. This pre-paid card will be utilized to purchase medication. Upon discharge from detox the card with the remaining balance will be returned to the client.

_____ Patients are drug tested upon admission. If we suspect drug use, we may test more often. If you have insurance coverage, our outside laboratory Calloway Laboratories will bill your insurance carrier directly.

_____ I agree that any payments I make may be applied to self pay fees.

_____ In the event the guarantor is not present to sign fee agreement, it is understood that you, the client, are ultimately responsibility for charges, and that you accept this money as a gift from guarantor/payer to pay for said fees, and hold harmless Turning Point of Tampa, Inc. from any actions that may arise from guarantor/payer regarding this financial agreement.

_____ **Confidentiality Statement:** I authorize the use and disclosure of protected health information related to my treatment and services provided to me by Turning Point of Tampa for purpose of financial and collection activities to the following agencies/individuals. I have been informed of the specific type of information that may be requested. I understand this authorization will remain in force for a period not to exceed one (1) year unless otherwise specified by me in writing. I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations and hold Turning Point of Tampa harmless from any and all damages, claims, causes of action arising out of, or in connection with, the release of this information.

Names of Financial Release(s):

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I have read the above and understand the non-refundable fee agreement and my financial obligations and agree to abide by the terms of this Agreement.

_____ _____
Client Signature Date

_____ _____
Guarantor//Payor Signature Date

_____ _____
Witness Date