COBB COUNTY COMMUNITY SERVICES BOARD
DOUGLAS COUNTY COMMUNITY SERVICES BOARD

Policy # 2517	Self-Pay Admissions
Origination Date: May 1997	
Revision Date: March 2004; March 11, 2008; April 2, 2009; July 30, 2010, September 20, 2012	
Reviewed Date: March 2005; March 15, 2006; March 9, 2007, Oct. 5, 2013; Nov 20, 2014; October 17, 2016	
Approved: Paul Ascari, Chief Financial Officer	Bryan G. Stephens, Interim Executive Director

POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board that a self-pay client be defined as having no valid insurance coverage under either private insurance, or federal, state, and/or county government-funded insurance/contracts. The client and/or responsible party will be solely responsible for payment of all charges incurred.

Clients with the inability to make full payment will be required to complete a financial application. The application will be entered into the computer system which will determine if the client qualifies for a reduced fee for services.

PROCEDURE:

1. To verify income of the client, a copy of payroll records, unemployment records, or if self-employed a copy of their most recent tax return should be submitted. If a client cannot provide copies of records, then a notarized written statement, testifying to the amount of their income earnings is required to qualify for a reduced fee for services.

2. If a client does not provide documentation to verify his/her income or lack of income, he will be advised that he will be responsible for paying the full fee for services. No client will be denied access to services because of lack to pay.

3. A complete review of the financial application, with verification of those areas in question, will be performed. All financial applications are to be updated on a yearly basis. The results of the application will generate an amount due by the client after each service is performed. The calculation is based on service, length of visit and type of clinician that rendered the service.

   Other types of information requested for the application to be complete are as follows:
   A. Occupation
   B. Person responsible for payment
   C. Number of legal dependents, including self and others living in the household
   D. Client's monthly income (before taxes)
   E. Additional family monthly income (before taxes)
   F. Approved expenses (such as other medical bills, child support, etc…)

All applications and supporting documentation will appear in the Electronic Medical Record.