



# Fee Agreement Form

Client Information:

FA: \_\_\_\_\_

EFF: \_\_\_\_\_

CLIENT RU: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

Client Name: \_\_\_\_\_

First MI Last Social Security Number Birth Date

\_\_\_\_\_

Ayco Shifa Fee Collection Policy:

If a client has a co-pay/co-insurance or is paying "out of pocket" they are subject to the agency fee collection policy. This policy also includes clients that have a payor resource who is making payments directly to the client for services provided or clients who have lost their insurance/payor. Clients who meet the criteria for the fee collection policy are required to pay at the time of service. Failure to pay may result in being suspended from treatment. Clients are not allowed to carry a balance for more than one session without being placed on a Balance Payment Agreement. Clients who fail to pay in a timely manner or who do not uphold their Balance Payment Agreement may have service suspended until payments resume.

I have carefully read, or have had read to me, all of the information above and I fully understand this information. Please Initial:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Financial Responsibility:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Person's SSN: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Financially Responsible Initials: \_\_\_\_\_

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Insurance Payor Information:

- Oregon Health Plan
- Medicare
- Commercial/Private Insurance
- Worker's Compensation/Personal Injury Claim
- DUII Program
- Private Pay

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For Office Use Only: Grant/Other Funding:

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- Other:

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Sliding Scale Tier:

Family Size	Gross Monthly Income	Tier A	Tier B	Tier C	Tier D	Full Fee
1			-	-	-	-
2		-	-	-	-	-
3		-	-	-	-	-
4		-	-	-	-	-
5		-	-	-	-	-
6		-	-	-	-	-
7		-	-	-	-	-
8		-	-	-	-	-

9		-	-	-	-	-
10		-	-	-	-	-
11		-	-	-	-	-

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This structure should mirror the essential documents of Ayco Shifa Mental Health Center. Let me know if you need further adjustments!

African Youth and Community Organization

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