



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTICE OF COST

The charges and cost for _____, Case No. _____, a client of _____, receiving care and treatment at _____, have been determined to be:

▶ _____ per month for care and/or treatment effective _____.
_____ . The actual cost per month varies according to the services provided.

OR _____ per month for treatment effective _____.
The actual cost per month is _____.

Client or Responsible Party is required to provide insurance information.

Failure to release this information will result in the charges to be assessed at actual cost.

Insurance companies will be billed the actual cost of the service(s) provided.

The charges were determined by application of the STANDARD MEANS TEST (Section 630.210, RSMo. and 9 CSR 10-31.011). The cost is the Department of Mental Health's actual cost of providing the services or its contract cost for purchasing the service. The department's cost is recomputed annually. The charge is redetermined annually or at any time it is known that changes have occurred in the financial ability of the client (or the person responsible for the client) to pay.

The difference between the cost of care and treatment and the amounts received in payment may be a claim upon the client's estate at death by the Department of Mental Health (Section 473.398, RSMo.).

If proper payments are not maintained, the state reserves the right to initiate payment enforcement proceedings.

If you have questions about the cost of care or the amount being charged, contact the facility issuing this notice.

SIGNATURE OF CLIENT OR FINANCIALLY RESPONSIBLE PERSON X	WITNESS		DATE
OR The client or financially responsible person refused to sign this notice in my presence:	WITNESS		DATE
OR This notice was sent by mail on	DATE	SIGNATURE	