



FINANCIAL INFORMATION & SERVICE AGREEMENT

A. FINANCIAL INFORMATION

The following information presents the current financial practices at Spring Lake Ranch. Please keep in mind that the Ranch likes to maintain flexibility in working with Residents and their families. Therefore this document serves only as a means of presenting general guidelines.

Fees:

Cuttingsville: The Resident fee for Spring Lake Ranch is \$285 per day. This fee covers private room and board, program services, psychiatric services and local transportation. It does not include expenses for medication, medical or dental visits, private therapy, personal expenses, special transportation beyond 50 miles round trip, or temporary one-on-one staff coverage.

If the Resident is absent or on leave from the program, the standard fee will continue to be charged in the Resident's absence from the program to maintain the Resident's place in the program for up to 30 days; and if the Resident does not return or confirm in writing his desire to continue in the program, termination from the program will occur.

In the event that a Resident is discharged from the Ranch and the family wishes to hold a place at the Ranch in anticipation of returning, a charge of one-half the normal daily rate would be imposed.

Billing:

Please come prepared to pay the first thirty days' fee (\$8550) on the day of the resident's arrival. (We do not accept credit cards or Pay Pal payments) Because of the initial effort involved in admissions, thirty (30) days of the fee or \$8550 is not refundable. Should a Resident come to the Ranch in the middle of a month, a portion of the initial fee will be credited to the Resident's second month.

Statements are sent out about the 25th of each month. A statement includes the fee for the coming month, as well as any expenses incurred by the Resident in the previous month. We ask that all balances be paid by the 10th of the month. There is no charge for a Resident's first day and overnight; however, the last day of a Resident's stay is billed at the full rate regardless of the time of departure. A 1% per month service charge will be imposed on all balances unpaid forty-five days after the invoice date.

Allowance:

Most Residents receive a weekly allowance of spending money paid for by the family. This amount is determined at the discretion of the Resident and his/her family. The allowance for the month is billed in the monthly statement for the coming month. Please note that some months have five (5) Fridays and will be billed accordingly.

Health Insurance:

The Ranch is willing to work with families and/or Residents by providing information in the pursuit of insurance reimbursement. For insurance purposes, the Ranch is classified as a Residential Treatment Center. If you are going to seek insurance reimbursement for the Ranch fee, it is very important that pre-authorization be obtained prior to arrival. This work usually entails interaction between Ranch staff, the Resident/family, and the insurance carrier before the Resident arrives at the Ranch. In the event that insurance does not cover the entire daily fee, families are responsible for the difference and will be billed accordingly.

In that the insurance claim process can be quite lengthy and might extend well beyond a Resident's stay, families remain responsible for the full financial obligation when it is due. The Ranch cannot wait for insurance payments whether they are sent to the individual, the family, or the Ranch itself.

If a Resident has health insurance, please bring the health insurance card, a billing address and any pre-authorization information. This information is very important if a Resident needs to see a medical doctor, dentist, therapist, or needs to go to the hospital. It is the responsibility of the Resident or family member to provide this information at the time of admission.

Some Residents come with Medicaid or Medicare or are eligible for these programs. Spring Lake Ranch needs to be aware of this information as well. Out of state Medicaid will not cover any expenses which are incurred in Vermont.

Pharmacy:

The Ranch fee does not cover pharmacy bills. The Ranch works primarily with one pharmacy in Rutland. The two most common ways of paying for this expense are: for the pharmacy to bill the payer directly; or for the pharmacy to bill Spring Lake Ranch and for the Ranch to pay the bill and then to place it on the Resident's statement. If a Resident has insurance, the carrier shall be billed. However, often the pharmacy is unable to bill out-of-state insurance companies. In this case, if requested, the Ranch will include a copy of the bill so that it can be submitted by the Resident or family.

Medical Doctor Visits:

Spring Lake Ranch has a full-time health coordinator, who is responsible for coordinating a Resident's doctor visits. If the Resident has health insurance we

shall pass that information on to the doctor's office. Otherwise, the Ranch shall include the bill in the monthly statement.

Therapy:

The Ranch can assist Residents in finding local therapists. However, such treatment is considered to be separate from the Ranch program and will be treated in the same way as medical doctor visits.

Miscellaneous:

The Ranch charges Residents for long distance phone calls. Because of our phone company's billing cycle, the month that we bill for may be 2 months behind. Please also note that Residents will be held financially responsible for damage to rooms, furniture, and equipment beyond the normal wear and tear.

Rutland Program Fees:

Many residents move from our residential program in Cuttingsville to greater independence using the continuum of services Spring Lake Ranch provides in Rutland. This may include a stay at our Royce Street transitional house, our Town House apartment complex, or independently rented apartments with individualized services.

The rate for Royce Street is \$190 per day and includes room & board, program services, and psychiatric services. Those in independent apartments and the Town House pay a services-based fee which includes psychiatric and individualized program services that are tallied monthly and families are billed accordingly.



B. SERVICE AGREEMENT

_____ has agreed to participate in the programs and services offered by Spring Lake Ranch, Inc. (a Therapeutic Community Residence with aftercare services available, and as appropriate, at the Royce Street Transitional Program and the Independent Apartment Living Program sites, as part of the “Spring Lake Ranch Therapeutic Community Program”). The starting date for services is _____. The terms and conditions shall survive and remain in effect in the event of a discharge with a subsequent readmission to the program within 90 days of said discharge. The terms and conditions governing participation in these programs are as follows.

1. Consent and Authorization. The participant above named (the “Resident”) and the Resident’s family, agree that they have been informed of the nature and scope of the professional services that are available at Spring Lake Ranch, and by virtue of their execution of this Agreement, acknowledge that they have each been provided a copy of the current Resident and Family Handbook governing participation in the programs and conduct expected while participating in the programs. Resident and Resident’s family have read, understood, and agree with the terms and conditions set forth in this Agreement. The Resident and Resident’s family also acknowledge that some of the services provided are voluntary in nature, and that they are also aware that many services are provided in an open and rural agricultural and/or wilderness setting. It is further understood and agreed that there are inherent and other risks associated with participation in these types of programs in these various settings, including but not limited to the possibility that the Resident could leave the immediate care area or setting of a given Spring Lake Ranch program. The Resident and Resident’s family consent to the rendering of care and treatment by Spring Lake Ranch, Inc. and its authorized representatives and/or employees, and further authorize Spring Lake Ranch to provide or arrange for such mental health care or treatment as deemed appropriate.

2. Expected Behavior. The Resident agrees that he or she will refrain from any and all disruptive or inappropriate acts or behaviors, including but not limited to physical violence and/or threats toward themselves or others, any inappropriate sexual acts or advances, use of alcohol or illegal drugs or other harmful or mood-altering substances, except

as appropriately prescribed by a physician, while enrolled and participating in the Spring Lake Ranch programs. Residents are not allowed to either bring alcohol to or consume alcohol on the premises of Spring Lake Ranch, Inc., or during any Spring Lake Ranch-sponsored activity, regardless of its location. Residents are to maintain abstinence from alcohol and other drugs (except as appropriately prescribed by a physician) during the entire time of their stay at and participation in any Spring Lake Ranch Program for many reasons, which include but are not limited to: interference with appropriately prescribed medications, sensitivity to other Residents who struggle with addiction issues, and the possibility of any resulting disruptive or offensive behavior. Violation of these or any other rules or regulations of Spring Lake Ranch can result in immediate or other termination from the Ranch and/or any of its programs. Resident agrees that he or she will follow any and all posted notices, warnings, advice and/or cautionary or other instructions, and to obey all rules and regulations as may be amended from time to time.

3. Notice of Intent to Terminate Program Participation by Resident. Resident and Resident's family recognize that in order to provide the services covered by this Agreement, Spring Lake Ranch, Inc. will incur liabilities, including but not limited to committing staff time for the type and time of the services in question. Therefore, Resident and Resident's family agree to provide Spring Lake Ranch, Inc. with advance notice of two (2) weeks of their intention to terminate such services.

Spring Lake Ranch, as indicated, has the right to terminate this Agreement at any time if it believes it is reasonably necessary to do so for appropriate purposes, including attempting to ensure the physical and emotional security and safety of the Resident, other Residents, staff, employees, and non-staff located within the community. The Resident and Resident's family agree that at such time as they are notified of the termination of this Agreement by Spring Lake Ranch, Inc., that they will immediately arrange for the safe departure of the Resident from the Spring Lake Ranch property and its programs, regardless of whether the termination is noticed because of medical, psychiatric, legal, or behavioral reasons. If the Resident and/or Resident's family cannot or will not arrange for such immediate departure when requested, it is agreed that Spring Lake Ranch, Inc. is therefore authorized to make such arrangements as are necessary in connection with such termination. It is further agreed that the Resident and the Resident's family will be responsible for any costs or other expenses incurred in connection with that action. Resident and Resident's family acknowledge that if Spring Lake Ranch, Inc. terminates this Agreement and/or any services to be provided under it, that in that case, there is no guarantee that any state or local community resources will be able to step in and provide any continuation of services. In

such a situation, it may be appropriate for the Resident and/or Resident's family, or lacking appropriate action on their part, Spring Lake Ranch, Inc., to arrange for the Resident's return to his or her home or that of the Resident's parents.

4. Acknowledgment Regarding Services and/or Care. The Resident and Resident's family agree that mental health care is not an exact science, and that no guarantees are made as to results of the provision of any such care and/or services or programs associated therewith, nor that such guarantees should be expected. Further, and having this statement in mind, the Resident and Resident's family understands that a treatment and/or action plan will be developed in concert with the Resident, and that the plan will be the focus of the Resident's program at the Ranch. A discharge and/or transition plan will be developed as appropriate, following successful completion of the treatment and/or action plan, or at the time of discharge.

5. Treatment Coordination. The consulting psychiatrist, as the Resident's primary treating psychiatrist during the time of the Resident's participation in the Spring Lake Ranch program, is an integral part of the care/services team (a Veteran Resident, referred by the VA White River Junction team, has a VA Psychiatrist as the primary treating psychiatrist). As such, the psychiatrist will participate in the decision making and sharing of information necessary for the program/services provided. All resident information will be maintained in confidence among those delegated by Spring Lake Ranch to receive such information in connection with any program or service being provided to the Resident. It is further agreed that such medical and/or mental health information will only be shared with those outside the Spring Lake Ranch, Inc. programs as Spring Lake Ranch, Inc. shall deem appropriate and/or necessary, or otherwise as directed by the Resident and/or mutually by the Resident and Resident's authorized family member(s). It is, however, agreed that consent to disclosure initially authorized by the Resident and a consented-to family member, may not be modified or revoked without the express written consent of both provided to Spring Lake Ranch.

While it is recognized that additional/outside consultations may be beneficial and/or helpful to the Resident, the Resident and the Resident's family specifically agree not to engage in such outside consultations and/or alternative treatments or care during the time that the Resident is participating in any Spring Lake Ranch program without the approval of the Resident's treatment/care team at Spring Lake Ranch.

6. Hold Harmless and Indemnification Agreement. The Resident and the Resident's family agree to hold harmless and indemnify Spring Lake Ranch, Inc., and its authorized representatives and employees from any loss or harm or damage of any kind,

without restriction, which results in any way from the Resident's failure to abide by the terms of this Agreement, and/or the appropriately posted rules and regulations of Spring Lake Ranch, Inc., and/or those rules and regulations that are a part of any of the Spring Lake Ranch programs. In the event that enforcement of these rights by Spring Lake Ranch, Inc. is required by resort to legal process, the Resident and Resident's family agree to hold harmless Spring Lake Ranch, Inc. and its authorized representatives and employees from any and all costs and expenses associated therewith.

7. Payment of Services and Fees. In consideration of the services to be provided and/or programs in which there shall be participation, it is agreed by Resident and Resident's family that any such service and/or program fees and expenses will be paid in a timely fashion and in accord with the fee structure described in the "Financial Information Document" provided with this Agreement.

8. Acknowledgment. By signing this document, the Resident and Resident's family acknowledge that they have received and read the Agreement, and that any questions or concerns which they had related in any way thereto have been answered to their satisfaction. They further acknowledge that they have read the financial information document, the rules and regulations information/booklets they have been provided, and that they are freely and voluntarily entering into Spring Lake Ranch programs with the full knowledge of and agreement to comply with all of the terms and conditions that are either set forth herein or which can be necessarily inferred from the terms and conditions of this Agreement.

Signatures:

_____ Financially Responsible? (Y or N) Date: _____

(Resident)

_____ Financially Responsible? (Y or N) Date: _____

(Family Member)

_____ Financially Responsible? (Y or N) Date: _____

(Other)

_____ Date: _____

(Spring Lake Ranch, Inc., by its duly authorized representative)