



Planned Living Assistance Network of Central Texas, Inc.

Mailing address: P.O. Box 4755, Austin, TX 78765-4755 (Street address: 4110 Guadalupe Street, Bldg. 781, Office 410, Austin, TX 78751) Phone: (512) 851-0901

PLANCTX envisions all people living mentally healthy lives, and offers an array of customized services designed to enhance the lives of individuals and families facing mental health challenges.

Payor's Name: _____ Date: _____
Payor's Address: _____ Payor's Phone numbers: _____
Payor's Email address: _____

PLANCTX, Inc. Services Agreement for Payment of Fees

The agreement below specifies the terms under which PLANCTX, Inc. will offer services to _____ on a fee for services basis according to the most up to date PLANCTX, Inc. fee schedule which currently is: \$80 per hour for care management, \$35 per hour for peer assistance, \$100 per hour for counseling from a master's level licensed therapist, \$150 per hour for counseling from a doctoral level licensed therapist, \$20 per young men's group, \$20 per hour for art group, and \$30 per 1.5 hour family therapy group.

PLANCTX, Inc. is a non-profit 501(c)(3) organization which charges fees for services. In order to qualify to receive services individuals must fill out and submit the "How to Join the PLANCTX Recovery Community" Form. Association with PLANCTX, Inc. will allow persons in recovery to attend peer socials and the whole family to attend the PLANCTX annual meeting at no additional cost to you. At monthly Family Dinners, each person must pay for his/her own food.

All clients must provide a one month retainer fee (monthly "cap") based on the maximum amount they desire to spend each month. *For example, if you intend to purchase no more than 10 care management hours of service per month, please set your monthly cap at 10 hrs. x \$80 per hour rate= \$800 and pay \$800 up front in order to initiate services and benefits. Your money will be held in reserve as a "retainer" or "cap" and used to pay your first invoice. At that time, you will be sent a copy of your invoice and asked to please immediately replenish your reserve up to your cap to pay for the next month's services, and so on, to continue services. Invoices and statements are prepared during the first 10 days of each month for the preceding month's documented and delivered services. If/When the recovering person/peer/consumer completes PLANCTX, Inc. services, whatever money the payor has in reserves that has not been spent will be returned to the payor.*

You may change your retainer/cap limit at any time, but it can ONLY be done in writing by updating, signing, dating and submitting a new Services Agreement Form to a PLANCTX staff member or the PLANCTX Office via mail or fax. Anyone who does not pay for 100% of services rendered each month may incur late fees. Continued non-payment will result in termination of services and may result in a report to the three national credit bureaus for non-payment, plus the account being moved into legal collections. Therefore, please avoid complications by selecting a monthly retainer/cap that works within your family budget, and feel free to change that retainer/cap amount via submission of a new Service Agreement Form any time. Changes will go into effect as of the date on which the newest Service Agreement is received.

My current monthly "cap" (maximum) of what I am willing and able to pay to PLANCTX for all services rendered each month is: \$_____. To change this amount at any time, I understand I must send an updated copy of this form to PLANCTX, Inc. via mail at: PO Box 4755, Austin, TX 78765-4755; fax it to the PLANCTX office at (512) 535-4193; or give a signed hard copy to my assigned PLANCTX care manager, therapist, or any PLANCTX staff member.

PLANCTX, Inc. will:

- 1) Draw down via transfer from our reserve (trust) account to our operating account any fee that is earned that month, which will be shown on the payor's monthly invoice.
- 2) Provide information IF the amount of the fee earned exceeds the amount on deposit (such as for an unplanned but necessary mental health crisis intervention) and the statement will indicate how much additional payment is due upon receipt of the invoice.
- 3) Invoice your service fees each month which will be payable upon receipt so as to replenish your retainer to 100% of your cap.

We accept checks, money orders, and credit cards (Master Card, VISA, Discover and American Express) in person at the PLANCTX Office. We also accept checks or money orders through the mail, or if you prefer, you may securely pay your bill via debit or credit card via PayPal transaction on our website at www.planctx.org.

In addition to these fees, we will bill you for any out of pocket expenses. Examples of expenses include but are not limited to copying, investigation expenses, parking, mileage at 50 cents per mile (which can be avoided by meeting at our PLANCTX, Inc. office, 4110 Guadalupe, Bldg. 781, Ste. 410) travel time, postage, telephone, text and email communication, and long distance telephone or payments made to third parties on your behalf.

If you agree to the terms outlined above, please sign and date one copy of this form and return it to PLANCTX, Inc. at our mailing address: PO Box 4655, Austin, TX 78765-4755 with your retainer/cap payment, or return it to PLANCTX, Inc. by giving it directly to one of our PLANCTX, Inc. staff. Our phone number is (512) 851-0901 and our email is info@planctx.org. We look forward to working with you and your family. Please let us know if you have any questions.

Sincerely yours,
PLANCTX, Inc.

AGREED the _____ day of _____, 20_____.

(Payor's Signature)

