St. Clair County Community Mental Health

Financial Information And Payment Agreement

Specialized Group Homes/Foster Homes, Inpatient >60 Days

St. Clair County Community Mental Health is a non-profit health care organization financed by individual served payments, funds from federal, state and local government and contributions. If individual served has insurance benefits, these sources may pay for part of the cost of the services received. Therefore, the following information is required. **If you willfully choose not to provide the information requested, you may be responsible for paying St. Clair County Community Mental Health's standard charge(s) for the service(s) individual served receives.**

Date: _____

Name(s) of family member(s) currently receiving services: _____

Residential Home or Inpatient Hospital: _____

Individual	Case #	
Responsible Party (if other than above)	Responsible Party SSN	Relationship to Individual
Address	Responsible Party DOB	Responsible Party's Home Phone
		Responsible Party's Cell Phone
City/State/Zip		Responsible Party's Work Phone
Responsible Party's Employer		Employer's Phone
Employer's Address		
List all Insurance for individual served (or make corrections): Name, Subscriber's Name, Contract # (attach copy of each card, front and back)		