

KEDREN
ACUTE PSYCHIATRIC HOSPITAL
AND
COMMUNITY MENTAL HEALTH CENTER

4211 SOUTH AVALON BOULEVARD, LOS ANGELES, CALIFORNIA 90011
24 HOUR SERVICE: (323) 233-0425 □ FAX: (323) 432-5186

Financial Obligation Agreement

JAMES L. JONES, M.D.
(1926-1971)

JAMES M. WOODS, SR.
Emeritus

CELES KING, III
Emeritus

CORPORATE
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California Welfare and Institutions Code requires that a person receiving mental health services at a Los Angeles County contracted facility will be responsible for the cost of those services in accordance with their ability to pay.

Annual Liability = \$0.00 based on income or Full Scope Medi-Cal with no Share of Cost.

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Based on the fee schedule issued by the State of California your annual liability for the period of _____ to _____ will be \$ _____ or the actual cost of care, whichever is less.

You are required to notify this office of any third party benefits you may be eligible for including Medi-Cal, Medicare, and private/group insurance. Any third party monies received will be applied first to the actual cost of care and then to the liability amount if applicable.

We have agreed to allow you to make monthly payments to pay off this debt. You have agreed to pay \$ _____ per month for _____ months. Your first payment is due by _____ and thereafter on the _____ of each month. In the event your annual liability exceeds the actual cost of care you may discontinue your monthly payments once the actual cost of care has been paid in full.

Client Signature

Date

Clinical Representative

Date

