



ARISE Intervention NOW
1790 30th Street, Suite 440, Boulder, CO 80301
Office: (303) 442-3755 Fax: (303) 440-6463
Toll Free: 1-877-229-5462
Email: Info@ARISEInterventionNOW.com
www.ARISEInterventionNOW.com



ARISE INTERVENTION AGREEMENT ***ARISE Intervention Process and Payment Agreement***

The ARISE Intervention Process

Phase A

The first phase begins after the “First Call” and includes the preparatory work for the Intervention, the ARISE Intervention network session(s), the necessary follow-up sessions to facilitate entry into Treatment and Treatment program recommendations. We will help determine which type of Treatment option might be best for each individual. This will include screening and selection recommendations for inpatient and/or outpatient Treatment.

Phase B

The second phase begins immediately upon entry into Treatment and covers Treatment coordination and aftercare services for six (6) months. It does not cover the Treatment itself, which may be provided by one of our ARISE Interventionists, or by another Treatment service or program. We provide the interface with the Intervention network and the Treatment provider; coordination of aftercare; integration planning if the individual is returning home or to the community; advice on beginning to use self help meetings, and setting up a self help support network; addressing questions related to ongoing Treatment and other functioning related issues; relapse prevention; and emergency meetings if relapse occurs. These functions are Recovery Management Services, essential in the first six months of recovery, building in monitoring and accountability to ensure lasting recovery.

Phase C

The optional third phase is continuing Recovery Management Services for a period of six (6) months immediately following Phase B.

Payment Options

There are three ways to pay for the ARISE Intervention. The first is the flat rate option, the second is by monthly payment and third is by paying for each session as it occurs. With each method of payment, the ARISE process is the same and will continue for a period of six (6) months after the individual has entered Treatment. If you choose to continue with ARISE after reaching six months of recovery, you can pay hourly or choose the monthly payment option. We do not bill your insurance for these services because insurance does not cover Intervention services except in the State of Pennsylvania. Should any member of the family, or the entire family, choose to have therapy with Recovery Resource Center, you may request a “superbill” receipt to submit to your insurance company. You may choose to change your payment option at each phase. A sliding fee scale will be considered, based upon need.



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Much of the ARISE Intervention process can be provided on the telephone or via email. These costs cover ARISE work in the vicinity of the Certified ARISE Interventionist’s office or over the telephone, teleconference, and/or email. The “First Call” is complementary. In cases of serious recidivism and/or serious dual diagnosis, the services of two ARISE Interventionists may be required. The rate for an additional Interventionist will be discussed prior to engagement of a second Interventionist. If on-site work (beyond a radius of 50 miles from the ARISE Interventionist’s office) is required, an hourly on-site consultation fee will accrue beyond the standard payment Option chosen. Travel costs, when required, are billed separately and in addition and include transportation, per diem and hotel expenses.

The ARISE Intervention Flat Rate Option:

Payment of \$_____ for Phase A is due prior to the start of the first ARISE session. (after the First Call and prior to the First Meeting). Payment of \$_____ for Phase B is due immediately when the individual about whom the Concerned Other has contacted Recovery Resource Center enters Treatment. Phase B services continue for six (6) months from date of entry to Treatment. Treatment is defined as starting any level of outpatient, intensive outpatient, or inpatient care, or beginning to attend self-help meetings.

- | | |
|---|---------|
| 1. Phase A - First Meeting to Treatment entry | \$_____ |
| 2. Phase B - Treatment through 6 months of recovery
(Immediately following entry into Treatment) | \$_____ |
| Total | \$_____ |

Call Toll Free 877-229-5462 for payment information

3. Phase C (optional) - Hourly or monthly payment option as outlined in this Agreement. (Immediately following Phase B.)

The ARISE Intervention Monthly Payment Option:

Payment of \$_____ for Phase A is due prior to the start of the first AIRSE session (after the First Call and prior to the First Meeting) and \$_____ for each month following, due and payable on the day of the month that this Agreement is signed, until entry into Treatment. Payment for Phase B will continue at \$_____ per month for six (6) months immediately following entry into Treatment.

- | | |
|---|--|
| 1. Phase A - First Meeting to Treatment entry | \$_____ 1 st month and \$_____ monthly thereafter |
| 2. Phase B - Treatment through 6 months of recovery
(Immediately following entry into Treatment) | \$_____ monthly |
| Total | \$_____ Dependent upon duration of Phase A |

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3. Phase C (optional) - Hourly or monthly payment option as outlined in this Agreement. (Immediately following Phase B.)



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The ARISE Intervention Individual Session Payment Option:

The hourly rate is \$____ per individual session (at Interventionist’s office) or the hourly rate of \$____ per individual session (at an on-site location) for Phases A and B. A retainer of \$____ is due and payable prior to the first meeting. After the first meeting payment is due at the time of service. This payment can be made by check if meeting in person, or by credit card if meeting by telephone. Retainer of \$____ will remain in the account until Phases A and B are complete. Unused retainer will be returned to you at that time.

1. Phase A - First Meeting to Treatment entry \$____/hour (local) or \$____/hour (on-site)
 (\$____ retainer required)

2. Phase B - Treatment through 6 months of recovery
 (Immediately following entry into Treatment) \$____/hour (local) or \$____/hour (on-site)

Total Dependent upon duration of Phases A and B

Call Toll Free 877-229-5462 for payment information

3. Phase C (optional) - Hourly or monthly payment option as detailed in this Agreement. (Immediately following Phase B.)

Regardless of payment option selected, payments 30 days past due will incur a bookkeeping charge at 1.65% per month. If any bills go to collection, the prevailing party shall be awarded their reasonable costs and attorney fees.



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ARISE INTERVENTION AGREEMENT

I acknowledge by my signature below that I have read and carefully reviewed and am familiar with the contents of this Agreement, the Intervention process, payment options and late charge fees and agree to the conditions described in this Agreement. If I have any questions or would like additional information, I will feel free to ask.

For Phases A and B of this ARISE Intervention Agreement. I have selected (please check selection):

- Flat Rate \$_____ – Phase A - \$_____; Phase B - _____
- Monthly Payment Option – Phase A - \$_____ first month, \$_____ monthly until Treatment; Phase B - \$_____ per month for 6 months
- Individual Session Hourly Rate – Phases A and B - \$___ per hour (local) or \$___ per hour (on-site) (\$___ retainer required)

 Name of Person Financially Responsible

 Social Security Number

 Street Address

 City, State, Zip

 Signature

 Date

 ARISE Interventionist

 Date

Credit Card Information:

 Name on Card

 Address if different from above

 Card Number

 Exp Date

 CVV Code
 (number on back of card)