

Sunshine Coast Health Center

Admission Package

Part 2 of 2



**Sunshine Coast
Health Center**

Welcome

Whether this is for yourself, a family member, loved one or employee, thank you for choosing Sunshine Coast Health Center. This collection of forms and information is Part 2 of the Client Package and will assist in registering and preparing for the men’s Primary Program.

Agreement of Responsibility for Residential Treatment Costs 3

The **Agreement of Responsibility for Residential Treatment Costs** is to be reviewed, signed and submitted by the individual covering the cost of treatment. This may be the client applying for admission to the Residential Program or it may be a family member, spouse/partner or employer. ***Please note this form needs to be completed 24 hours prior to admission.***

Agreement of Responsibility for Client Personal Expenses 4

The **Agreement of Responsibility for Client Personal Expenses** is to be completed by the party that has agreed to pay for personal expenses incurred during a client’s stay in the Residential Program. Please refer to the Fee Schedule on Page 5 for a complete review of costs reflecting what is covered in the Residential Program fee.

Fee Schedule 5

Pre-Admission Checklist (Things to bring/not to bring) 6

The **Pre-Admission Checklist** will help you pack for your stay at Sunshine Coast Health Center. A list of things to bring and not to bring is provided as well as information on sending/receiving mail, laundry facilities, client chores and visitor hours.

Client Admission Form (see Admission Package Part 1 of 2)

The **Client Admission Form** (*) is a document the clinical staff requires **prior** to admission. Critical information such as patient contact information and the client’s history (medical, psychological, alcohol/ drug use, past treatment, employment, etc.) is reviewed by the Nursing Supervisor to ensure that the client is a good fit for the program.

Further information, including travel arrangements, can be found on our website at www.sunshinecoasthealthcentre.ca

AGREEMENT OF RESPONSIBILITY FOR RESIDENTIAL TREATMENT COSTS

I, _____ agree to pay Sunshine Coast Health Centre (2005) Ltd. for the full cost of residential treatment (“the Program”) for _____ as follows:
(name of client)

Program (tick one):

- 30-day Accelerated Program – \$14,700 CAD 42-day Primary Program – \$16,900 CAD
 60-day Extended Program¹ – \$22,210 CAD 90-day Extended Program¹ – \$31,060 CAD

All funds are in Canadian dollars. Harmonized Sales Tax (HST) of 12% will be applied to all fees.

(1) **Note:** Clients who are 19 to 22 years of age at the time of admission are required to enrol in the 60- or 90-day Extended Program.

I further agree to reimburse Sunshine Coast Health Centre for additional costs incurred during the Program. Additional costs may include, but are not limited to, the following: prescriptions, off-site adjunct therapy, emergency dental work and post-discharge travel. Clients who do not have valid provincial health plan coverage² will be charged for doctor visits, psychiatrist visits, and lab work. Payment for additional fees is due prior to client discharge. Credit card information should be recorded below for this purpose.

(2) **Note:** Clients with overdue provincial health insurance premiums, clients residing outside of Canada, or residents of Quebec

Refund Policy:

By signing this document, I understand that Sunshine Coast Health Centre expects the client to complete the Program. As part of this understanding, I am expected to promptly advise Sunshine Coast Health Centre staff if a client expresses any intent to leave the Program early. Furthermore, I agree to support all reasonable efforts made by Sunshine Coast Health Centre staff to keep a client engaged in the Program. If a client, despite all efforts by staff, leaves the Program early, any refund will be negotiated directly between myself, as Payer, and the Administrator on behalf of Sunshine Coast Health Centre. Sunshine Coast Health Centre will notify the appropriate individual who is paying for the client’s stay in case of early discharge.

I understand that refunds are not provided on a pro rata basis since per diem rates do not reflect intensive administrative and clinical services provided in the initial stages of treatment.

Payer’s Signature: _____

Final Payment Credit Card Info:

Form of Payment: cash debit card VISA MC AMEX cheque wire transfer

Credit Card #: _____ Expiry Date (mm/yyyy) _____

Name on card (please print) _____

Payer’s Signature: _____ Date: _____

Witness Signature: _____ Date: _____

THIS DOCUMENT MUST BE COMPLETED AND FAXED 24 HOURS PRIOR TO ADMISSION. PLEASE FAX COMPLETED FORM TO 604.487.9012. ALL CORRESPONDENCE WILL REMAIN CONFIDENTIAL.

AGREEMENT OF RESPONSIBILITY FOR CLIENT PERSONAL EXPENSES

The client agrees to cover all personal expenses.

OR

I, _____ hereby authorize Sunshine Coast Health Centre (2005) Ltd. to charge for personal expenses* incurred by _____ during treatment at Sunshine Coast Health Centre. Funds will be charged to my credit card along with a 5% service charge to cover these cash advances, providing the credit card has sufficient credit. In the event that the card issuer declines any credit card charges associated with the above expenses, I hereby agree to immediately reimburse Sunshine Coast Health Centre for said expenses, upon demand.

These funds are limited to: \$ _____

Credit Card Issuer: VISA M/C AMEX

Client's personal card 3rd Party credit card

Name on Card: _____

Credit Card Number: _____ Expiry: (mm/yyyy) _____

Address of Cardholder: _____

Signature of Cardholder: _____ Date Signed: _____

Witness to Signature: _____ Date Witnessed: _____

The person in whose name the card is issued must complete the credit card information. If the card belongs to someone other than the client please indicate a maximum spending limit (see above).

If the client does not have access to a credit card for additional expenses please detail what other arrangements will be made to cover these charges.

Cheque Total available \$ _____

Cash Total available \$ _____

Name of Payee (please print) _____

Payee Signature _____ Date _____

Witness Signature _____ Date _____

* Note: Personal expenses include special food items, tobacco, toiletries, grooming services, clothing etc.

FEE SCHEDULE

BASIC SERVICE RATES

30-day Accelerated Program – \$14,700 CAD (\$490 per diem)

42-day Primary Program – \$16,900 CAD (\$402 per diem)

60-day Extended Program¹ – \$22,210 CAD (\$370 per diem)

90-day Extended Program¹ – \$31,060 CAD (\$345 per diem)

Fees listed above do not include 12% Harmonized Sales Tax (HST). A non-refundable deposit of \$500 is required to hold a bed for a specific date and will be applied towards the cost of treatment upon admission. Goods and services covered in the Residential Program include pick up/return to the airport upon arrival/discharge, accommodation, meals, counselling service (including group and individual therapy, education, etc.), the Family Program,² Online Support Program,² routine nursing consultations, on-site wellness therapies, arts and craft materials, assigned reading materials and transportation to scheduled off-site activities.

Our rates do not include adjunct therapies not provided on campus (i.e. acupuncture, chiropractic, etc.), airfare, dental work, prescription drugs, and personal items. American clients will be charged for medical services (see Detoxification section below). Use of laundry facilities and soap is provided at no additional cost to the client.

(1) Note: Clients who are 19 to 22 years of age at the time of admission are required to enroll in the 60- or 90-day Extended Program.

(2) Note: Visit www.schc.ca for details.

Disclaimer: The per diem rates shown does not reflect intensive administrative and clinical services provided in the initial stages of treatment. Therefore, refunds are not provided on a pro rata basis. For more information contact the Admissions Department.

Private Accommodation

An additional surcharge of \$95 per diem plus 12 percent HST will be applied for clients requesting guaranteed private accommodation. Conditions will apply.*

(* Note: Clients applying for private accommodation will have their medical and psychiatric history reviewed prior to confirmation.

Detoxification

Clients are required to stay their first night in the Medical Unit for monitoring of their physical and emotional health by our medical staff at no additional charge. Additional detoxification deemed necessary by the Medical Director will be subject to an additional charge of \$150 for every day following the second night in detox (note: most clients require only an overnight stay in the detox).

Medical services are billed to the client's provincial medical insurance plan (i.e. MSP, Alberta Health Care Insurance, Ontario Health Insurance Program (OHIP), etc.). Clients who do not have valid provincial health plan coverage³ will be charged for doctor visits, psychiatrist visits, lab work, and, if necessary, hospitalization.⁴ Typically, additional medical fees average \$2000 CAD. Payment for additional fees is due prior to client discharge.

(3) Note: clients with overdue provincial health insurance premiums, clients residing outside of Canada, or residents of Quebec.

(4) Note: hospitalization may be required for clients who require acute care due to medical or psychiatric complications.

ADDITIONAL SERVICE RATES

Travel Assistance

(included in Residential Program fee)

To facilitate clients arriving at Vancouver International Airport from Canada, the United States, and overseas, Sunshine Coast Health Center offers travel assistance. Clients need not worry about changing planes, shuttling between terminals, or booking flights: a staff member will be there to ensure your trip is hassle-free.

Assistance is also available for American clients entering Canada by automobile at the Blaine, Washington border crossing.

Travel Insurance

For clients arriving from the United States and overseas, travel insurance is recommended to cover unforeseen emergencies that require hospitalization. Travel insurance policy rates start at CAD \$2 per day for clients 19 to 40 years old. If you prefer, Sunshine Coast Health Center can purchase travel insurance on your behalf. Please contact us for further details.

AIRFARE TO POWELL RIVER

CDN \$155 (one-way)

Airfare to Powell River from Vancouver via Pacific Coastal Airlines is available at a reduced rate for clients, friends, and family members of clients. Please contact Admissions for details.

SUNDRIES

Clients can purchase phone cards, coffee mugs and t-shirts at Reception during set hours. Personal items can be purchased in town during regularly scheduled visits.

Tobacco products are not available for sale at Reception.

METHOD OF PAYMENT

Sunshine Coast Health Center accepts cheque or money order issued by a Canadian bank, wire transfer, Visa, Mastercard and American Express. For further info, please feel free to contact Admissions toll free 1.866.487.9010.

US DOLLAR CURRENCY EXCHANGE

Clients paying with a US credit card will be charged in Canadian dollars. The actual amount paid will be indicated on the credit card statement following an exchange rate adjustment as determined by the credit card company. Cheques must be issued in Canadian funds. Wire transfers for clients paying in US dollars will be based on the Canadian/American dollar exchange rate at the time of transfer. Please call us first for the amount payable in US dollars. Sunshine Coast does not accept cheques issued by banks outside of Canada.

PRE-ADMISSION CHECKLIST

THINGS TO BRING

- Provincial health care card
- Drivers licence (if Canadian resident) or passport (if non-resident of Canada)
- Travel insurance for coverage of emergency medical services while in British Columbia. Coverage should be sufficient for the entire length of stay in BC and although recommended for all clients, is particularly recommended for non-residents of Canada, and medically uninsured Canadians. **
- Long distance calling card (also available in our store)
- Toiletries (toothbrush, shampoo, shaving cream, etc.)
- Sleepwear (slippers, t-shirt and shorts or pajamas)
- Comfortable clothing sufficient for 7 days
- Weather-appropriate clothing and recreation wear, i.e. rain wear and a good pair of hiking boots or outdoor shoes
- Fitness wear (t-shirts, shorts, track pants, running shoes) for use in the fitness centre
- Swimwear (not cut-offs)
- Musical instruments for leisure time
- Money for incidentals (will be kept in safe)
- If you smoke, bring cigarettes as tobacco products are not sold on the premises

THINGS NOT TO BRING

- Clothing suggestive of alcohol or drug use (including names of bars or taverns), or clothing that promotes sexism, racism or homophobia
- Drug paraphernalia *
- Cameras or video equipment *
- Heating pad or electric blankets *
- Weapons, including pocket knives *
- Food, sweets, beverages of any sort (including tea and coffee) *
- Valuable jewelry or expensive clothing
- Pornography *

- Over-the-counter medications, vitamins, herbal remedies or body-building supplements (protein powders, creatine, etc.) *

- Mouthwash or other toiletries containing alcohol *

* *Will be confiscated and returned at time of discharge. Mood-altering drugs or medication regarded as counter-therapeutic by our medical staff will not be returned. If you are not sure about a drug, supplement, beverage, or food item please check with Admissions prior to your admission date.*

** *Travel insurance does not cover expenses associated with non-emergency situations such as medical appointments or medications of any kind.*

Personal Electronic Devices: Personal communication (cellphones, Blackberry's, etc.), audio (iPods, MP3 players, etc.), and computing devices (notebooks, laptops)*** are permitted provided that usage rules are observed at all times. Cameras or video equipment are not permitted.

*** *Wireless Internet is not available.*

Incidental Items: Phone cards and postage are available through Reception. Safekeeping for money, passports and airline tickets is available. We are not responsible for lost or stolen jewelry, cameras or other valuables.

Laundry Facilities: A washing machine, dryer, iron, ironing board and laundry soap are available at no charge.

Client Chores: Clients will be assigned chores in common areas and will be expected to keep their rooms clean at all times.

Visitors: Family members are welcome to visit Sundays and holidays from 12:00 to 5:00 PM.

Telephone: Residents can be reached on the client phone. Clients are responsible for providing the number of the client phone to family and friends.

Luggage: Please note that Pacific Coastal Airlines charges \$0.55/lb. for luggage weight exceeding 50 lbs.

Mail: The mailing address for letters and packages is: Client's Name c/o Sunshine Coast Health Centre, C-21 2174 Fleury Road, Powell River, BC, V8A 4Z2, Canada.