

Welcome to The Chicago School Forensic Center!

The Chicago School Forensic Center is a community mental health center that provides high quality psychological services with an aim to improve the health and well-being of children, families, and adults.

Office Hours: Monday-Thursday from 9:00am-6:00pm and Fridays from 9:00am-5:00pm

Location: The Chicago School Forensic Center is located inside The Merchandise Mart in Chicago, Illinois; 222 Merchandise Mart Plaza, Chicago, IL 60654.

Parking: Parking is available at MartParc Wells garage, located at the corner of Kinzie and Wells Streets; and MartParc Orleans, located at the corner of Orleans and Hubbard Streets. If you park in either of these lots, you will be able to receive validated parking for discounted rates.

Public Transportation: The CTA Brown and Purple line stop at Merchandise Mart and the CTA Green and Pink lines are within walking distance. CTA buses that are in walking distance from the Merchandise Mart are as follows: 11, 125, 134, 135, 136, and 156.

Next Steps:

Our office will be in contact with you to confirm your continued interest in receiving services at The Chicago School Forensic Center and your billing information. Please review the enclosed Fee Payment Information sheet for further information regarding methods of payment. Additionally, if you are still interested in services please complete the enclosed Sliding Scale Determination Application. Return the Sliding Scale Determination Application and copies of the supporting documentation to our office in person, by mail at 222 Merchandise Mart Plaza, Chicago, IL 60654, or by fax at (312) 661-1272. Also, please inform us if you are no longer interested in services.

Please be informed that your referral will be closed if there have been 3 to 5 unsuccessful attempts at making contact with you or if the abovementioned documentation are not received within 10 days following the initial contact with The Chicago School Forensic Center.

We thank you for considering the Chicago School Forensic Center. If you have any questions, please feel free to contact us at (312) 467-2535.

The Chicago School Forensic Center

Fee Payment Information

TCS Forensic Center aims to provide high quality psychological services to children, families, and adults regardless of their ability to pay. We continue to be proud of our efforts to provide services at low cost.

How are services provided made affordable?

We use a sliding scale option to adjust fees to make sure payments are affordable. There is a minimal cost of \$10.00 per visit after the enrollment process although some individuals can pay more based on monthly income and household size.

What are the payment options?

Our primary methods of payment are self-pay (out-of-pocket) or Medicaid (including for Department of Children and Family Services-DCFS). For self-pay, we accept cash and checks only. If your check does not clear, you will be asked to provide a cashier's check through your bank for each payment going forward. This means you will need to go to your bank and ask your bank for a cashier's check in the amount owed to the Forensic Center and the bank then debits the amount from your account immediately.

Do you accept insurance?

No, we do not accept insurance. However, we provide you with a statement of services that include the necessary information to submit for reimbursement through your insurance company.

How much do I pay?

Medicaid: The Forensic Center accepts Medicaid as payment and will secure authorization to submit claims for payment for individuals who are eligible for Medicaid Rule 132 or bill the contracting entity for reimbursement regarding DCFS Medicaid clients.

Self-Pay: A sliding scale option is applied to set fees based on current income and household size. Individuals will need to complete the Sliding Scale Application with supporting documentation. *See below for additional information.*

Financial Hardship: The Forensic Center understands that sometimes individuals face extenuating circumstances that make it difficult to pay the reduced fee as determined by the Sliding Scale. In such instances, there is a financial hardship option separate from the Sliding Scale application. The reason for financial hardship and documentation must be provided for consideration of financial hardship. Cost of services can be waived up to four weeks from the date of approval. The waiver of fees after this period is determined on a case-by-case basis.

When will I know how much services will cost?

At the time of intake (the first face-to-face contact meeting), you will be asked to bring proof of income, household size, and residence to determine cost if applying for sliding scale or to confirm Medicaid eligibility. You will be notified in writing about your payment options and the cost of services within a week of submitting your documentation. Required documentation to determine the sliding scale fee or Medicaid eligibility includes:

- (Current)** Proof of income (e.g., verification from public assistance, social security, Medicaid, disability; two current pay stubs from employer, check stubs from unemployment benefits, or Tax statement if self-employed; a letter from probation officer, case manager, director of shelter on letterhead if there are no sources of income. A notarized statement from someone who supports you and the type of support (e.g., financial, housing) if not affiliated with an agency.
- Proof of household size (e.g., medical card, report card, letter of confirmation from probation officer, case manager, director of shelter, etc. on letterhead). Household size can include non-biological dependents or members.
- Proof of address (e.g., state identification, driver's license, public assistance/disability card, Medicaid card, two utility bills within the last two months).
- (Medicaid only)** It is required to provide Medicaid number, social security number and date of birth so that the type of eligible services can be determined.

When is payment for services made?

Clients who pay out-of-pocket are expected to pay in full at the time service is rendered. Clients eligible for Medicaid (including DCFS) will be billed to respective authorities for reimbursement.



Sliding Scale Determination Application

Person Responsible for Payment: _____

Name of Referred: _____ Intake Date: _____

Address: _____

Telephone Number: _____ Alternate Number: _____

I. INCOME

HOUSEHOLD INCOME	GROSS MONTHLY INCOME
Self	
Spouse/Partner	
Other Income (explain):	
TOTAL MONTHLY INCOME	

II. DOCUMENTATION

Documentation Submitted

- Proof of income _____
- Proof of household size _____
- Proof of address _____

Additional Comments: _____

For Office Use Only:

Date of next appointment: _____ Clinician Assigned: _____

Service: _____ Fee: _____

Frequency of service: _____ Fee adjustment: _____

Review date: _____ Comments: _____