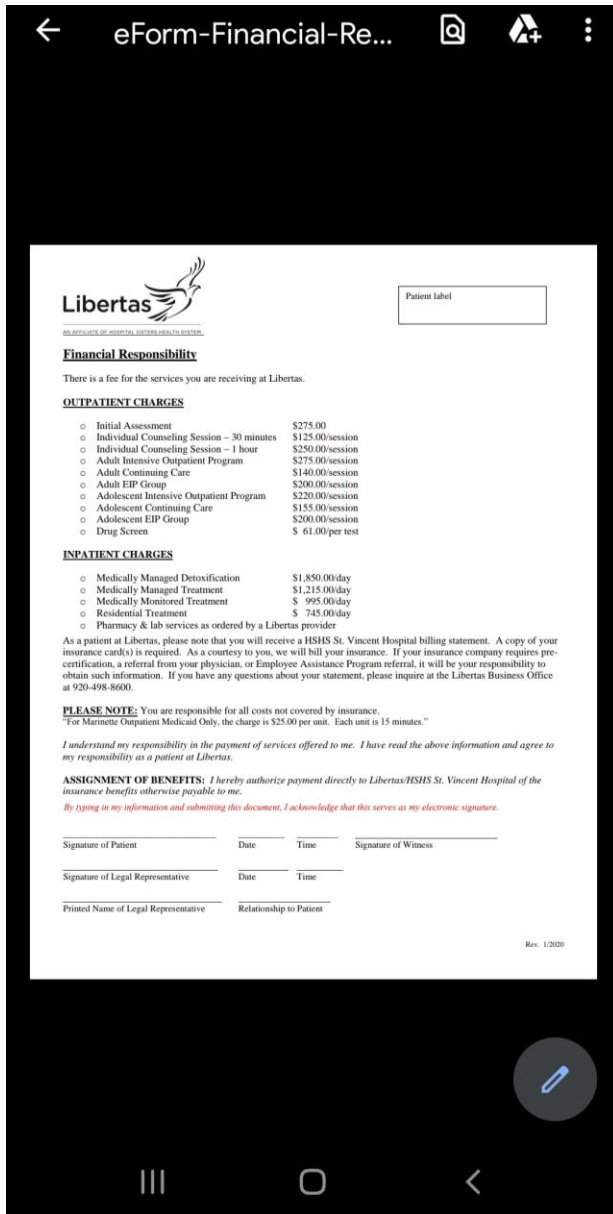Android Phone

https://sscintranet.hshs.org/x_eForms/Libertas-eForms.aspx

Click on one of the Libertas Patient Forms.

It will open up in the default PDF viewer.

You will need to have Adobe Acrobat installed on your Android to use the fill in forms

Click the Triple Dots in the top and select "open with…" Click Adobe Acrobat.

Libertas

Financial Responsibility

There is a fee for the services you are receiving at Libertas.

OUTPATIENT CHARGES

○ Initial Assessment	$275.00
○ Individual Counseling Session – 30 minutes	$125.00/session
○ Individual Counseling Session – 1 hour	$250.00/session
○ Adult Intensive Outpatient Program	$275.00/session
○ Adult Continuing Care	$140.00/session
○ Adult EIP Group	$200.00/session
○ Adolescent Intensive Outpatient Program	$220.00/session
○ Adolescent Continuing Care	$155.00/session
○ Adolescent EIP Group	$200.00/session
○ Drug Screen	$ 61.00/per test

INPATIENT CHARGES

○ Medically Managed Detoxification	$1,850.00/day
○ Medically Managed Treatment	$1,215.00/day
○ Medically Monitored Treatment	$ 995.00/day
○ Residential Treatment	$ 745.00/day
○ Pharmacy & lab services as ordered by a Libertas provider	

As a patient at Libertas, please note that you will receive a HSHS St. Vincent Hospital billing statement. A copy of your insurance card(s) is required. As a courtesy to you, we will bill your insurance. If your insurance company requires pre-certification, a referral from your physician, or Employee Assistance Program referral, it will be your responsibility to obtain such information. If you have any questions about your statement, please inquire at the Libertas Business Office at 920-498-8600.

PLEASE NOTE: You are responsible for all costs not covered by insurance.
"For Marinette Outpatient Medicaid Only, the charge is $25.00 per unit. Each unit is 15 minutes."

I understand my responsibility in the payment of services offered to me. I have read the above information and agree to my responsibility as a patient at Libertas.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to Libertas/HSHS St. Vincent Hospital of the insurance benefits otherwise payable to me.

By typing in my information and submitting this document, I acknowledge that this serves as my electronic signature.

Open with…

Adobe Acrobat	PDF Viewer	MEGA PDF Viewer	Hancom Office Editor

This will open in the Adobe Acrobat Application with the fill in forms selectable

Click on any of the empty fields and fill in the information asked.

When you are complete hit the Triple dots in the top right corner.

Select Export PDF and save it, or Print it, or save it to the cloud.