

CANTON CITY HEALTH DISTRICT FINANCIAL/PAYMENT POLICY

Financial/Payment Policy

Thank you for choosing us as your healthcare provider. We are committed to providing you with quality and affordable healthcare. We have developed this payment policy to answer any questions you may have regarding patient and insurance responsibility for services rendered. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most popular insurance plans in our area, including some Medicare plans. If you are not insured by a plan we are in-network with, payment in full is expected at each visit. If you are insured by a plan we are in-network with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services in full at the time of visit.

3. Proof of insurance. Before receiving services, all patients must provide demographic information (either verbally or on a form). We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

4. Claims submission. We will submit your claims and assist you in any reasonable way we can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

5. Nonpayment. If your account is more than 180 days past due, your account will be transferred to collections. You will receive a letter stating that you have 5 business days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, collections may refer your account for legal action.

7. Missed appointments. Our policy is if you do not cancel at least 24 hours prior to your appointment, you will be charged for a missed appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

8. Forms of Payment Accepted. We accept cash, check, Visa, MasterCard and Discover. Our office charges a \$25.00 fee for returned checks.

9. Overpayments. It is our policy to identify and resolve overpayments in a timely fashion. Once a personal credit is identified, a refund check will be issued from the Canton City Auditor for any balance greater than \$5.00.

10. Statements. Patient statements are generated on a monthly basis and are due upon receipt. If you cannot pay the balance, please ask to speak with our Fiscal Officer for special payment arrangement options.

11. Medicaid Non-Covered Services. If you choose to receive any service not covered by or determined to be not medically necessary by Medicaid or a Medicaid Managed Care Plan, the fee for the service is the responsibility of the patient. Some immunizations commonly not covered or considered as not medically necessary are as follows (this is not an all inclusive list): Human Papillomavirus (HPV), Meningococcal, Typhoid and Yellow Fever. Any services not covered or determined not medically necessary by Medicaid or a Medicaid Managed Care Plan will be billed to the patient via a patient statement. If a service is later found to be a covered benefit, the patient will receive reimbursement for the overpayment according to number 9 above.

12. Sliding Fee Discount. It is our policy to provide essential services regardless of the client's ability to pay. Discounts are offered based on family size and annual income by completing the Sliding Fee Discount Application. The discount will apply to most services received (it does not apply to travel clinic services or costs of privately purchased vaccines).

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

Despite the above detailed policy, no individual will be turned away due to inability to pay. However, travel clinic fees do not qualify for sliding fee scale or inability to pay guidelines.

I have read the above policy and understand my financial obligations:

Signature of patient or responsible party

Date