

**PATIENT PAYMENT POLICY**

**COMMUNICARE HEALTH CENTERS (CCHC)** offers patients several ways to pay for the services we provide. Payment is expected at the time of service. If this is not possible, arrangements must be made for payment.

**PAYMENT**

Any fees that you will be responsible for are expected to be paid at the time of your visit. This policy is for patients with or without health insurance.

If you have insurance, your payment includes any un-paid:

- ✓ Deductibles
- ✓ Co-insurance
- ✓ Co-payment amount
- ✓ Fees not covered by your insurance company
- ✓ Services not included in certain State Programs:
  - Family Pact – Covers Family Planning Services ONLY
  - Every Woman Counts – Covers Breast and Cervical Cancer screening ONLY
  - Gateway – Covers Preventive Health Services ONLY
  - Path to Health – Covers Limited Primary Care Services ONLY

**INSURANCE**

We are a participating provider or considered in-network with a several plans. If you are a member of an HMO or managed care plan, you must see your primary care provider (the clinician/clinic you see for your general health care). To learn what services and clinicians are covered under your plan, contact your insurance benefits department **before your visit**.

If our clinicians or services are not listed in your plan's network (on their list of clinicians or services that they have a contract with):

- ✓ You may have to pay for part of, or the entire bill.
- ✓ We will send the claim to your insurance for you.

You must bring your insurance card to every visit. We will need to copy both sides. We ask for a copy of an ID card or license to help protect you from identity theft.

**SERVICES NOT PROVIDED AT COMMUNICARE**

- **Workers' Compensation:** CommuniCare does not take Workers' Compensation insurance. If you have a Workers' Comp claim please contact your employer to receive a list of providers that can treat you.
- **Motor Vehicle Accidents:** CommuniCare does not treat or examine patients due to immediate injuries resulting from a car accident.
- If you are referred to another provider for other services, any bills or fees you get from them will be between you and them. They may bill differently than we do at CCHC.

Place Patient Label Here

## PATIENT PAYMENT POLICY

### SLIDING FEE PROGRAM OR GOVERNMENT FUNDED PROGRAM

If you have no health insurance coverage or a large deductible and your income is below a certain amount, you might be eligible for our sliding fee scale or a government funded program. You can make an appointment with one of our Client Benefit Advocates prior to your next appointment to see what programs may be available to help you pay for your health care.

Medical, Dental and Behavioral Health Services all qualify for possible discounts. In most cases all costs are included in the total visit charges with the exception of certain Family Planning Services, Immunizations and Specialty Dental Services. If you are seeking any of these services, your costs will be explained to you prior to the service being rendered.

### PAYMENT PLANS

Patients who are unable to pay for their full balance at the time of service or upon receiving an invoice from CCHC are eligible to participate in a payment plan that allows them to structure payments according to their individual financial need. Patients can choose the number of installments, the frequency of installments and installment amounts for the full balance of services. If you would like to set up a payment plan, please inform the Clinic Reception Desk or contact the Billing Department at (530) 285-3252 or (530) 285-3256 for a Spanish speaking representative.

You are responsible for understanding what your out-of-pocket costs will be. If you have any questions or need clarification regarding your bill or fees, please contact your insurance company or the CCHC Billing Department at (530) 285-3252 or (530) 285-3256 for a Spanish speaking representative.

I have read and understand the above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Medical Record #: \_\_\_\_\_

Patient DOB: \_\_\_\_\_