



Community Health Centers, Inc.
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Financial Practice and Procedures

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have questions regarding patient and insurance responsibilities for services rendered, we have developed this payment practice and procedure. You may request a copy for your records.

Patient Payment Practice

1. **NEW PATIENTS WITHOUT INSURANCE COVERAGE:** Patients who bring in Proof of Income (POI) will be required to pay a minimum fee of \$20 at the time of registration. Patients who DO NOT bring in POI will be required to pay a minimum fee of \$50 at the time of registration. Any balances for the visit will be collected at check-out unless previous arrangements have been made. No patient will be denied services based on inability to pay. Payment plans are available.
2. **ESTABLISHED PATIENTS WITHOUT INSURANCE COVERAGE:**
 - a. Patients who have qualified for Sliding Scale Plans A – E will be required to pay a minimum fee at the time of **check-in** for your appointment. The balance will be due at checkout.
 - b. Self Pay patients who do not qualify for Sliding Scale Discount Program will be required to pay a minimum fee of \$50 at the time of check-in. Any balances for the visit will be collected at **check-out** unless previous arrangements have been made.
 - c. No patient will be denied services based on inability to pay. Payment plans are available.
3. **INSURANCE:** We participate in most insurance plans, including Medicare and Medicaid. Knowing your insurance benefits is your responsibility. If you are covered by a plan that we do not participate in OR if you cannot provide a current insurance card, full payment is expected at each visit. Please contact your insurance company with any questions you have regarding your coverage.
4. **CO-PAYMENTS & DEDUCTIBLES:** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company.
5. **NON-COVERED SERVICES:** Please be aware that some (perhaps all) of the services you receive may be non-covered or not considered reasonable or necessary by Medicare and other insurers. In these cases, you will be responsible for the fees and can apply for a Sliding Fee Discount Program. Some supplies or services are not discounted under the Sliding Fee Discount Program such as IUDs, contraceptive implants or Vaccines for adults.
6. **PROOF OF INSURANCE:** We must obtain a copy of your current valid insurance card to verify your insurance coverage. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim.
7. **CLAIMS SUBMISSION:** We will submit your claim and will assist you as best as we can in getting your claim 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 may be your responsibility regardless of what your insurance plan pays or does not.

8. **COVERAGE CHANGES:** If your insurances changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days you may be billed for the claim.
9. **NON-PAYMENT:** We will make every attempt to assist you and work out payment arrangements on your unpaid balances. However, if it is determined that you have the ability to pay and refuse to do so you may be denied future services.
10. **MISSED APPOINTMENTS:** We ask that you contact us 24 hours in advance when you need to cancel your appointment so that we can offer this time to another patient. Repeated missed appointment may result in discharge from future medical/dental services.

Community Health Centers, Inc. is committed to providing excellent medical care. We provide that care at a discounted rate based on the Federal Poverty Guidelines. The rule under which the Bureau of Primary Health Care administers our funding requires us to make every effort to obtain the appropriate payment from our patients.

If you have any questions or concerns, please speak with our staff.