

MT. BAKER PLANNED PARENTHOOD HEALTH SERVICES FINANCIAL POLICY

The goal of Mt. Baker Planned Parenthood (MBPP) is to provide you with high quality health care at an affordable price. For those without insurance coverage for their services, we offer sliding-scale fees based on income & family size. In order to offer affordable services, we depend on your prompt payment. Please read these policies carefully. If you would like a copy to keep please ask the front desk staff.

If you have medical insurance:

- MBPP will bill your insurance for you whenever possible. However, your insurance coverage is a contract between you and your insurance company. MBPP cannot guarantee service coverage.
- Co-pay is due at the time of service. You will not be billed until after your insurance company has your claim. If your insurance company does not pay your claim or pays only a portion of your claim, we will reassess your charges according to your sliding fee category. You will be responsible for paying this amount.
- **Confidentiality cannot be guaranteed.** This is because a statement which lists your services is routinely sent to the holder of your insurance policy. MBPP has no control over this process.
- If your services include any lab tests, you will receive a separate bill from the laboratory for laboratory fees related to services we provide. The laboratory will bill you according to its fee schedule which MBPP has no control over.

If you have Medicaid (Medical coupon) including Take Charge:

- Most Medicaid plans cover family planning. Patients with Medicaid coverage will be billed for services not covered by Medicaid.
- **Confidentiality cannot always be guaranteed.** This is because Medicaid will bill any other medical insurance your family may have and a list of your services is routinely sent to the holder of the insurance policy. Planned Parenthood has no control over this process.

If you do NOT have medical insurance or Medicaid:

- Payment is expected at the time of service. You will receive a bill for any unpaid balance. If receiving mail at your home is not possible due to confidentiality concerns, please make other payment arrangements with health center staff.

Prompt Pay Discount. We offer 25% discount on full fee charges when you pay your balance in full at the time of service (including any previous balance).

Past Due Accounts. Accounts are considered past due 30 days following billing. If you are unable to make a payment on your account, please call the health center to make payment arrangements.

- If after 90 days, you have made no attempt to pay, your account will be charged 1% monthly. We also reserve the right to restrict future services to you.
- If after 120 days, you have made no attempt to pay on your account, your account may be placed with an outside collection agency.

NSF Checks: In the event of bad or non-sufficient funds (NSF) check, you will incur a fee of \$7.00 when a check is returned unpaid by your banking institution. We will contact you and ask for payment. If the obligation is not satisfied within ten (10) days of the NSF notification, a fee of \$25.00 will be added to your account.

If you have any questions about these policies, please ask to speak with the Clinic Manager or Supervisor.

I understand and agree to abide by the above policies.

Name (Please Print)

Signature

For Office Use Only

Patient #

Date