

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. Please read these policies carefully. If you would like a copy to keep please ask the front desk staff.

If you do NOT have medical insurance:

- We offer **sliding-scale fees** on most family planning services. Fees are based on income and family size. In order to offer affordable services, we depend on your payment 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.

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

If you have medical insurance:

- Your insurance coverage is a contract between you and your insurance company. MBPP will bill your insurance for you. However, we cannot guarantee your insurance will pay for all your services. 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 when applicable. You will be responsible for paying this amount. If you are unable to make a payment on your account, please call the health center to make payment arrangements.
- **Co-pay** is due at the time of service.
- **Confidentiality cannot be guaranteed.** This is because an insurance 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.

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.

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.

- I hereby certify that the insurance information that I have provided is true and accurate as of the date of service and that I am responsible for keeping it updated.
- I hereby authorize MBPP to submit claims, on my behalf, to the insurance company providing benefits. I fully agree and understand that the submission of claim does not absolve me of my responsibility to ensure the claim is paid in full. MBPP accepts the charge determination of my insurance company and I am responsible for deductible, coinsurance and non-covered services.
- I hereby instruct and direct my insurance company to pay all entitled plan benefits directly to MBPP for all entitled benefits related to services rendered.
- I authorize the release of medical and non-medical information necessary to process the claim. If other health insurance is indicated, my signature authorizes releasing the information to the insurer of agency provided.

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

FIN1.POLICY
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For Office Use Only

Patient #

Date

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