

## STATEMENT OF FINANCIAL RESPONSIBILITY (D5)



Your care at the Community Health Center in Cowley County (CHCCC) is a partnership between you and the clinic staff. We rely on income from you and your insurance company to keep the clinic operating. A copy of the Patient Bill of Rights and Responsibilities is available so that you will know the key elements of the partnership.

You are responsible for your bill. If you have insurance, CHCCC will bill your insurance company. Those payments will be applied to your account. The clinic may service patients with third party insurance that does not cover or only partially covers fees for certain health services. These patients may also be eligible for Sliding Fee Discount (SFD) based on income and family size. In such cases, subject to potential legal and contractual limitations, the charge for each SFD category is the maximum amount an eligible patient in that category is required to pay for a certain service, regardless of insurance status.

If you qualify for the SFD, your discount will be set based on federal guidelines for family size and income. The SFD calculates your share of the cost. You are expected to pay your portion of the charges.

- I understand that CHCCC will bill my insurance company. I agree to pay my co-pay at the time of service and to pay for services not covered by my insurance plan.
  
- I agree to apply for payment assistance as recommended by CHCCC staff. I understand that failure to complete the process will result in my being responsible for all charges.

I understand that I am responsible for my bill. I agree that I will pay all charges for which I am responsible at the time of service and/or set up a payment plan with CHCCC staff. I understand that if I fail to pay my bill, I may be suspended and/or dismissed as a patient of the clinic. I have read the above information and have no further questions.

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Signature of Patient, Authorized Representative or Responsible Party

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Date

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Print Name of Patient, Authorized Representative or Responsible Party

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Relationship to Patient