



PATIENT FINANCIAL RIGHTS AND RESPONSIBILITIES

Community Health Services serves all patients regardless of ability to pay. If you need financial assistance, please call our finance department.

FINANCIAL RIGHTS

1. Patients have the right to apply for the sliding fee scale application to possibly reduce the cost of visits.
2. Patients have the right to reapply for a sliding fee scale application if their income has changed during the fiscal year.
3. Patients with or without insurance have a right to receive discounted services if they meet certain requirements per the sliding fee scale guidelines.
4. Patients have the right to request an estimate of the cost of services.
5. Patients have the right to receive costs and payment options in a way that they can understand.
6. Patients have the right to seek financial assistance by completing a financial hardship.
7. Patients have a right to receive an itemized bill that is easy to understand. If you have any questions regarding your bill, please call the finance department.
8. Patients have the right to receive services from any of our providers, even if the provider is out-of-network. If the provider is out of network with the patient's insurance company, the patient is responsible for the out-of-network cost.

FINANCIAL RESPONSIBILITIES

1. Approved sliding fee scale applications are valid from April 1st to March 31st. Families must re-apply for the new sliding fee scale every year.
 - a. Sliding fee scale applications can be submitted beginning January 1st for the new fiscal year.
 - b. Sliding fee scale adjustments will be applied to dates of services 60 days prior to the approval date.
2. All copays and nominal fees are due at the time of service prior to the appointment.
3. If the patient does not have their copay or nominal fee, their appointment may be rescheduled.
4. A copay is a fixed amount required by the insurance company for a patient to pay prior to being seen.
5. A nominal fee is a fixed amount CHS collects from self-pay and uninsured patients.
6. The nominal fees are as follows: \$35 – medical, \$40 – dental, \$20 – behavioral health, \$10 - collections.
7. All nominal fees and copays are required to be paid prior to being seen, patients will receive a bill for the remaining balance after their visit.
8. Patients that have account balances in collections will be required to pay a \$10 nominal fee in addition to the service area nominal fee (medical, dental, and behavioral health). The additional \$10 nominal fee will be applied to the patient's balance at CHS. If the patient does not have a balance at CHS, the additional \$10 will be applied to the patient's collection balance.



9. Patients must bring the appropriate insurance card(s) with them to each appointment.
10. It is the patient's responsibility to update CHS with any insurance changes.
11. It is the patient's responsibility to ensure their provider is in-network with their insurance company. If the provider is not credentialed with the patient's insurance company, the patient is responsible for the out of network cost.
12. Patients have a responsibility to contact their insurance company to receive a clear statement regarding what is covered and not covered by their health plan.
13. Patients will be billed for any remaining balance after insurance processes the claims and/or after sliding fee scale adjustments have been made.
14. All future appointments may be canceled, and you may be blocked from scheduling if you do not turn in your current insurance information timely or update any required insurance information as requested by your insurance company.
15. Monthly payments must be made towards your account balance to prevent your account from going to collections. Payments made for a copay or nominal fee are not considered monthly payments.
16. Payment plans are available to help pay off balances over an extended period. All payment plans can be set up by contacting the finance department.
17. If a patient is on a payment plan and has additional services, an amendment to the current payment plan must be created to ensure the patient makes one monthly payment. Patients must contact CHS to set up a payment plan and/or request an amendment.
18. If a payment plan amendment is not completed, multiple monthly payments will be required on both the payment plan and the open date(s) of service to ensure your account does not go to collections.
19. Non-payments or missed payment plan payments while on a payment plan may result in your account going to collections.
20. Patients/guardians are responsible for all out-of-network and non-covered charges.
21. Patients are responsible for understanding what the noncovered services are within their plan.
22. Payments can be made at any of our offices during normal business hours or online at www.chsohio.com.
23. CHS will contact patients who have an overpayment of at least \$5. If no response is received from the patient by the deadline in the communication, the overpayment will be reported to the Unclaimed Funds.

I agree to the above financial rights and responsibilities.

This authorization will expire at the end of the calendar year in which it was signed.