



**Equality Health Center
Client Financial Agreement**

Welcome to the Equality Health Center (EHC). We appreciate that you have chosen our health center and would like to ensure that you have a clear understanding of your rights and responsibilities in regards to payments. EHC is a nonprofit organization that is committed to offering high quality health care at an affordable price. We are respectful of individual financial circumstances and will work with you to try and resolve monetary challenges. In order to offer affordable services, we depend upon our clients to make prompt payment for their care.

Please take the time to read the information below and do not hesitate to ask questions. Once you have read and understand this Client Financial Agreement, you will need to sign and date on your medical chart. A copy of this statement will be provided upon request.

Payment and Methods of Payment: Payment in full is expected at the time of service including fees for all lab services and medications. We accept Cash, Visa, MasterCard, Discover, money orders and cashiers checks and the following insurances: Anthem/BCBS, Harvard Pilgrim, United Health, Cigna, United New Hampshire Medicaid, Wellsense, New Hampshire Healthy Families, Amerihealth Caritas and Ambetter.

Medical Insurance: If you choose to have EHC contact your primary insurance carrier (identified above), we will directly bill your company. Please note the following exceptions regarding payment through your insurance company:

- ❖ When your insurance company was contacted, EHC staff was provided an estimate of what your insurance plan will cover. Your insurance company makes the final determination of your eligibility and insurance benefits once the claim is submitted. You will be responsible for promptly paying any of the charges not covered by insurance.,
- ❖ *Confidentiality cannot be guaranteed if insurance is billed* especially when the statement of your services is sent to the holder of your insurance policy. Equality Health Center has no control over this process.

New Hampshire Medicaid: NH Medicaid plans cover family planning visits, which includes some of the services provided by EHC. NH Medicaid does not cover abortion or abortion related services. If you qualify, EHC will bill Medicaid. If you do not qualify, you will be responsible for payment of services. *If you are having financial difficulties, please talk with a EHC staff member who may be able to help you problem solve.*

No Show Policy: If you need to cancel or reschedule your appointment please call as soon as possible, EHC will bill a \$25 fee for no show appointments. *This does not apply to abortion/abortion related appointments.*

Past Due Accounts: Accounts are considered past due 30 days following the date of services. If you are unable to pay your balance, please call EHC and ask to speak to our client-billing specialist to make payment arrangements. If after 90 days, you have not paid your balance, EHC reserves the right to restrict future services to you and to turn your account over to a private debt collector. EHC reserves the right to add a \$25 fee for any check returned due to insufficient funds or any other reason.

Client Agreement

- I agree to pay Equality Health Center for all fees resulting from services provided.
- If I choose to use my insurance plan or NH Medicaid, I am responsible for providing Equality Health Center with accurate information. I also authorize Equality Health Center to access benefit information and file claims on my behalf for services provided.
- I hereby assign medical benefits, including government-sponsored programs, and any other health plans to which I am entitled to be paid directly to the Equality Health Center.
- I understand that I am responsible to pay for services not covered by my insurance plan or NH Medicaid.
- I understand that I am responsible for a \$25 fee if I do not contact Equality Health Center and no show for my appointment.
- I understand that, if requested, the Equality Health Center staff will work with me to identify ways to pay for services.
- I will inform the Equality Health Center of any change of my financial status.