



Financial Responsibility

Thank you for choosing Community of Hope for your health care. Before we provide care, we want you to understand your financial responsibilities.

- Fees are payable when we provide treatment. We accept cash, check, credit cards, and insurance for which we are the Primary Care Provider (PCP), if applicable.
- It is your responsibility to know your insurance benefits. We will help answer questions you have about your insurance. Ask these questions before your visit. We have staff that can help you apply for insurance as well.
- If you do not have health insurance, you may be eligible for discounts. You are responsible for completing Community of Hope's Sliding Fee Application before receiving care in order for these discounts to apply to your visit.
- It is your responsibility to bring your insurance card to your visit and provide current and correct insurance information. We will request that you change your Primary Care Provider (PCP) to Community of Hope.
- If your insurance is not active or does not cover your care, you will be expected to pay for the services provided. We have the ability to waive some fees depending on your income level and circumstances.

I have read these expectations and my signature below means I have a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, or I do not complete the sliding fee requirements, I may have the financial responsibility to pay all such charges in full.

I agree to and acknowledge receipt of a copy of COH Patient Financial Responsibility.

Name of Patient (Printed): _____

Signature of Patient: _____ Date: _____

If needed:

Name of Patient Representative (Printed): _____

Relationship to Patient: _____

Signature of Patient Representative: _____ Date: _____