



# IMMUNIZATIONS FINANCIAL & APPOINTMENT POLICY

The goal of our clinic is to provide you with quality health care at a reasonable cost. Central District Health Department is **not a free clinic**. Some fees are offered on a sliding scale based upon income and family size. In order to remain affordable, we depend upon you to make prompt payments for services. In an effort to do this, we have implemented a Financial Policy. This Financial Policy shares responsibility among all our clients. By initialing the lines below you acknowledge you have read, understand and agree to these terms.

\_\_\_\_\_ **I understand Central District Health**

- Will not deny services for inability to pay
- Accepts cash, checks, credit cards, Medicaid, and private insurance
- Offers a payment plan. (Payments of less than \$30 in three months will result in the account being turned over to a collection agency.)
- Will continue providing me services if I have an account balance
- Does not charge for most state supplied vaccines; however, there may be exceptions please ask for specific vaccines
- Charges an administration fee for each vaccine

\_\_\_\_\_ **Private Insurance Companies and/or Medicaid:** Please read the following information that will be important to you if you are currently covered by a private health insurance company and/or Medicaid.

- Please present your insurance and/or Medicaid card at the reception desk.
- Central District Health Department will bill your health insurance provider for you and the payment may come directly to the Health Department.
- **You are responsible for all charges not paid by your insurance company, including deductibles and co-pays.**
- Your medical information, necessary to process your claim, will be provided to your health insurance provider.
- We are not a Medicare provider and cannot bill Medicare for any services.
- We are **NOT** a network provider for your insurance company. By your acceptance of the services provided here today, you agree that you are responsible for all charges not paid by your insurance company.
- After you receive your Explanation of Benefits from your insurance company or after you receive your bill from us, please call us at **327-8594** if you have questions about the balance on your account.
- **If you need financial assistance please answer the following:**

Household Size \_\_\_\_\_ Monthly Income \_\_\_\_\_

\_\_\_\_\_ **Appointment Policy:** We will work hard to accommodate appointments that fit your schedule and medical needs. We ask that you let us know about cancellations or changes twenty-four hours in advance by calling 327-7450 for Boise, 634-7194 for McCall, or 587-4407 for Mt. Home.

I hereby acknowledge that I have read or had explained to me the Central District Health Department Immunizations Financial & Appointment Policy.

Printed Client Name: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_