STATEMENT OF CLIENT FINANCIAL RESPONSIBILITY

Community Health Services appreciates your confidence by choosing us to provide healthcare to you. The services you have elected to receive here imply a financial responsibility on your part and obligate you to ensure payment in full of our fees. You are ultimately responsible for the payment of your bill.

CLIENTS WITH MEDICAL INSURANCE COVERAGE: We are contracted with the insurance companies below and will submit claims to:

Aetna * Rocky Mountain Health Plans * UnitedHealthcare * Anthem BCBS * Cigna/Allegiance

Medicaid: Health First Colorado and Emergency Medicaid/EMS

Medicare Part A & Part B: We submit only claims for Influenza (Flu), COVID-19, and Pneumococcal vaccines

It is your responsibility to know your coverage and benefits. You are responsible for payment of any deductibles, and co-payments as determined by your insurance carrier. You are also responsible for any amounts not covered by the insurance company and will receive a statement balance to be paid or set up payment within 30 days.

If you are insured by a plan with which we do not participate, *payment in full is due at the time of service*. You will then be given a receipt to file with your insurance company.

CLIENTS WITHOUT MEDICAL INSURANCE

If you do not have insurance, you may be eligible a discounted program. Payment is expected at the time of service.

MINOR CLIENTS (ages 19 and under)

The parent/guardian accompanying a minor is responsible for payment of the minor's account balance.

*****IMPORTANT***IF YOU ARE COVERED UNDER A PARENT'S OR SPOUSE'S INSURANCE PLAN:**

Please be advised, when services are billed to insurance, the insurance company is required to provide an Explanation of Benefits (EOB) detailing what treatment was done and how the claim was processed. This will be sent to the *insured*.

If you wish to keep your services private and not billed to your insurance OR mail you a statement, please let us know.

Community Health Services does not and shall not discriminate in any of its programs on the basis of race, color, national origin, gender, sexual orientation, religion, age, citizenship status, veteran status, disability, gender variance or other legally protected status.

Discrimination has no place at Community Health Services and is contrary to organization's core values of inclusivity, respect and compassion. We are here to serve the entire community and will always do so.

I have read and understand my obligations to Community Health Services and I acknowledge that I am fully responsible for payment of services. I authorize my insurer to pay any benefits directly to Community Health Services. I understand that any amount remaining after such payment has been made by my insurance carrier is my responsibility.

DECLARACION DE RESPOSABILIDAD FINANCIERA DEL PACIENTE

Community Health Services agradece su confianza al elegirnos para poder proporcionarle su cuidado medico. Los servicios que ha optado por recibir implican una responsabilidad financiera de su parte. La responsabilidad le obliga a asegurar pago complete por nuestros servicios. Usted es responable por su factura.

PACIENTES CON BENEFICIOS DE SEGURO MEDICO:

Como cortesía a los pacientes y a su familia, Community Health Services somete reclamos a las siguientes compañías de seguro: Aetna * Rocky Mountain Health Plans * UnitedHealthcare * Anthem BCBC * Cigna/Allegiance, Medicaid: Health First Colorado, Emergency Medicaid (EMS)
Medicare Parte A y B: (Solo reclamos para la vacuna de la Influenza, COVID-19 y Neumonía)

Es su responsabilidad conocer la cobertura y beneficios. Usted es responsable del pago de los deducibles y copagos según lo determinado por la compañía de seguros. Usted también es responsable por los importes no cubiertos por la aseguradora.

Si usted está asegurado por un plan en el que no participamos, el pago total se debe realizarse al momento del servicio. Sus servicios podrían considerarse fuera de la red y otorgarle menor cobertura. Se le dará un recibo que usted puede presentar a su compañía de seguros.

PACIENTES SIN SEGURO MEDICO
Si usted no tiene seguro médico, usted puede ser elegible para uno de los programas de descuento. El pago se espera en el momento del servicio.

PACIENTES MENORES (19 años y menos) El padre / tutor que acompaña a un menor es responsable del pago de la cuenta del menor.

*****IMPORTANTE*** SI USTED ESTA CUBIERTO POR UN SEGURO QUE PERTENECE A SUS PADRES O PAREJA:** Por favor tome en cuenta, cuando los servicios son enviados a la aseguranza, es requerido que la compania envie una explicacion de beneficios, detallando el tratamiento y como fue procesada el reclamo. Esto sera enviado a la persona primaria del seguro medico.

Los programas de Community Health Services no descriminan a nadie debido a su raza, color, origen de nacionalidad, genero, orentacion sexual, religion, edad, estatus migratorio, estatus de veteranao, discapacidad, u otra forma de proteccion legal. La discriminacion no tiene lugar en Community Health Services, y es contraria a la inclusion, respeto, y compasion.

He leído y entiendo mis obligaciones con Community Health Services y reconozco que soy totalmente responsable del pago de los servicios. Yo autorizo a mi compañía de seguros a pagar los beneficios directamente a Community Health Services. Entiendo que cualquier cantidad restante después de dicho pago hecho por mi compañía de seguros se convierte en mi responsabilidad.

COMMUNITY
HEALTH SERVICES INC