



Insurance Benefit and Payment Obligation

Thank you for choosing Unity Care NW. Our mission is to provide high quality, affordable health care. To ensure that you understand your financial obligations with regard to payment for services, please read and sign this form, signifying your acceptance of the terms.

- Unity Care NW offers sliding fee discounts to qualified patients regardless of insurance status based on household size and income to ensure no one will be denied access to services due to inability to pay or method of payment. To access these discounts, a patient must provide documentation of eligibility for discounted services. Our Enrollment Specialist is available to guide patients through this process.
- Insurance and sliding scale co-pays are due at the time of service.
- Please bring your insurance card to each visit, so we can make sure to have the most current information.
- Unity Care NW will bill third party payers for services; patients will receive a bill for the balance remaining after the insurance adjudication is complete.
- For uninsured, full fee patients, we expect a \$40.00 deposit for medical and dental services to be paid at the time of service.
- Patients will receive a monthly statement detailing outstanding balances. If you cannot pay the balance on your account, please contact our Patient Accounts Department staff who will work with you in making payment arrangements.
- Unity Care NW will bill Medicaid, Medicare, CHIP, Community Health Plan of Washington (CHPW), Molina, and most other insurance companies. Patients will be billed in the event their insurance does not pay all or part of the charges.
- Failure to pay for past services or missed payments on payment plans will have consequences including possible suspension of future visits with Unity Care NW.
- If you are having financial difficulty, our Patient Accounts Department staff is available to work with you to establish a payment plan, become verified for discounted services, or discuss your specific situation. We do monitor payment plans for compliance, and not adhering to the terms of the established payment arrangements may jeopardize your ability to be seen by our health care providers. Your account may be in jeopardy of collections should you fail to make payments or contact the patient account department within 30 days after the services. You may contact our Patient Accounts Department at 360-752-7404 should you have any billing questions.

I have read and understand the Unity Care NW insurance benefit and payment obligation form.

I hereby authorize UCNW to release to third party payers any information necessary to process my insurance claim. My signature also authorizes any payment from insurance companies for my services will be assigned to Unity Care NW. I agree to full responsibility for all expenses incurred by myself, or minor child, including services not covered by my insurance.

I authorize and assign payment of government and medical insurance benefits for services provided me by Unity Care NW staff members, to UCNW, which accepts such assignment as payment for their services.

\_\_\_\_\_  
Signature (Patient or Responsible Party)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Date of Birth