

MID-OHIO VALLEY HEALTH DEPARTMENT
CLINIC FINANCIAL POLICY

Thank you for choosing the Mid-Ohio Valley Health Department for your health needs. We are pleased you are here and we look forward to serving you and your family. In this regard, we require payment for services provided and we participate in a number of state health related programs which cover the cost of services many patients receive. This clinic charges for services because the cost to provide the services exceeds any funding which may be available, therefore, charges made to generate enough revenue to support the cost of the non-profit operation.

The clinic would like you to be aware of the several payment options that may be available to you for the services you are about to receive. Below is a brief description of payment options. Complete descriptions of these are posted throughout the clinic. If you have any questions about these, please ask to speak with a billing clerk.

Full payment is due on the day services are received. If full payment cannot be made for private pay accounts, you may qualify for credit arrangements. Payments must be at least 20% of the balance and no less than \$5.00, with the number of payments not to exceed five (5). Payments are due within 10 business days of receipt of your monthly statement. If you feel there are extenuating circumstances in your case, please request to talk with the Regional Billing Office Personnel or Office Staff.

The clinic has a discount policy for patients whose income falls between 150% and 250% of the Federal Poverty guidelines. To be eligible for the discount, proof of income is required along with the number of family members, and 20% payment on the account at the time of services.

For patients whose income is less than 150% of the Federal Poverty Guidelines, the clinic has a Charity Care Policy. Proof of income is required.

A complete copy of the Clinic Financial Policy and Federal Poverty Guidelines is posted in the patient waiting area and other areas. If you have any questions about this policy, the office personnel will be happy to assist you.

Patient or Legal Representative

Date

MOVHD Office Staff Signature

Date