

Jackson College Health Clinic

Patient Financial Responsibility Agreement

Thank you for choosing Jackson College Health Clinic (JCHC) for your health care needs.

Please read this entire form and sign at the bottom showing that you understand your financial responsibility.

You are receiving this document because JCHC **does not** participate with insurance. JCHC will provide Henry Ford Allegiance Health with a copy of your insurance card along with your lab work at the time of service. Henry Ford Allegiance Health is where the testing will take place. They will bill you or your insurance company for all testing done. What this means is:

- You are responsible for the cost of your care today
- You are responsible for knowing what your insurance plan will pay for and what you will have to pay. Please contact your insurance company to find out this information by calling the number listed on the back of your insurance card.
- You are responsible for knowing if we are an approved provider with your insurance plan. Some insurance plans do not want to cover services outside of your home town. Please contact your insurance company to find out this information by calling the number listed on the back of your insurance card.
- JCHC does not bill for any services that are provided. If you receive a bill for any lab work, imaging or any other service that was ordered at our office, the bill is not coming from JCHC but from Henry Ford Allegiance Health.
- If you have insurance and still receive a bill it can mean that your insurance didn't cover the tests that you wanted done or it may mean that Henry Ford Allegiance Health did not have your insurance information and you may need to call them and provide that information.
- If you do not have insurance and still want JCHC to order and send out lab work or imaging, you understand that you are responsible for the entire cost of these services. You will be billed for the services by Henry Ford Allegiance Health and you will be responsible to Henry Ford Allegiance Health for paying any charges not covered by your insurance.
- JCHC will answer any questions you have regarding the above information.

Signature of Patient or Authorized Designee

Date

Printed name of Patient