

CONFIDENTIAL COVERED

Below is a sample of a **patient policy and form**. It is a promising example of how an organization can mitigate revenue loss and protect patient confidentiality in the payment process. Check with your grantee agency and/or legal departments to best understand how to integrate this into existing policies and align it with Title X reporting requirements.

Highlights:

- Utilizes specific language to explain both when and what communications patients could expect to receive, including communications regarding payment and third-party insurance
- Does not presume a need for confidentiality. Informs patient and allows them to determine their need
- Can be applied to all patients, not just minors
- Emphasizes importance of reimbursement for services

Limitations:

- Explanation for fee collection attributed to changes in state/federal law, rather than to the value of the provided services
- Does not address that communication practices of third-party insurers can vary by state and insurer

[Organization] Billing Fact Sheet

- The confidentiality of your health information and your ability to use our services are major priorities at [Organization].
- Please provide us with an ID card that has your picture on it (driver's license, Sheriff's ID, student ID or other official card)
- Please provide us with your current address and a phone number. We will contact you only if you need medication to treat an infection found after your clinic visit. If you prefer, we can contact you by an alternative method.
- [Organization] faces challenges to funding for our programs. In 2013, New York State law was changed to allow charging fees for services in county STD clinics. In order to continue getting funding from New York State, we are required to make reasonable efforts to collect fees from you or your health insurance. **NO ONE WILL BE DENIED SERVICES DUE TO INABILITY TO PAY.**
- There is a fee for this clinic visit. If you have insurance, this fee can be billed to your insurance company. We are required to ask you to pay your insurance co-pay. To bill your insurance, we must make a copy of your insurance card.
- If you use your insurance, the insurance company will send a form called an "Explanation of Benefits" (EOB) to the person who is the policy holder. **This may not be you.** This may be your parent, guardian, spouse or domestic partner. All insurance companies will print the date of your services and where you received them. In this case, it will say the "[Organization]". Some EOBs contain more information than others so the person who gets the form may be able to figure out what service, like STD testing, you had at [Organization]. At the least, you may be asked why you went to [Organization].

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- If you do not have insurance or choose not to have your insurance billed, there are other options. We will use a sliding **fee scale based on your income. NO ONE WILL BE DENIED SERVICES DUE TO THE INABILITY TO PAY.**
- If you prefer to pay for your visit using a credit or debit card, your payment can be processed through a service called [XXXX]. It will appear on the credit card bill as “[XXXX]” with their 800 number. There will be no information on where or what services you receive. You are responsible for any transaction fees charged by [XXXX]. [XXXX] is a service that is used by some government agencies for people to pay fees and fines, buy bus passes and so forth.

I have read the information on this fact sheet and I give you permission to send a bill to my insurance company.

Signature

Date

I have read the information on this fact sheet and request that you do not send a bill to my insurance company. I will discuss payment with the Billing Staff. I understand that I will NOT be denied services if I can't pay for them.

Signature

Date

[Organization] will not send a bill to your home. Any payments will be collected today.