

FINANCIAL AGREEMENT

Consent to Bill For Services

PATIENTS WITH INSURANCE:

It is important that you understand the benefits and limitations of your insurance coverage. Insurance coverage is not a guarantee of insurance payment. Please contact your insurance company for more information about your financial responsibility under your plan.

Axis requires your benefits to be *assigned* to Axis so Axis can be paid directly by the insurance company and release records solely for the purposes of payment. Axis participates in Medicare, Medicaid, CHP+ and other public or private insurance programs. We employ qualified professionals; some professionals may not be contracted by your insurance company due to contractual requirements. When this occurs, your insurance company may not pay for services. Your insurance may pay a portion of the claim; however, you are ultimately responsible for the payment of services received. Axis will mail a statement of your balance due each month; payment is due within 30 days. You may receive separate statements for different types of services rendered in our clinics. If you receive laboratory services as part of a visit, your insurance may not cover the charge from our laboratory vendor; however, you may be eligible for our Sliding Fee Discount Program, and lab fees may be discounted. If you have questions about our Sliding Fee Discount Program, eligibility or application please contact your clinic location front desk staff. You have the right to opt out of having your insurance billed. **If you have any questions regarding opting out and/or your statement, please email our Billing Department at billing@axishealthsystem.org.**

INFORMATION SECURITY:

Your personal information is secure with Axis. Axis uses this information for providing services, filing claims and identification/communication as it relates to healthcare operations. We are required to obtain demographic information which includes your social security number. Refusal to provide information may constitute a refusal of service.

SUBSTANCE USE DISORDER (SUD) PART 2 PROGRAMS ONLY:

To bill your insurance for SUD services (in Part 2 Programs) and for the purpose of determining Medicaid eligibility, this consent for billing and operational purposes must be signed for Axis to do so. You understand that you have the option to not have Axis bill your insurance which means you will assume all financial responsibility for the payment of all treatment that occurs within Axis, which may affect all specialties based on your stated income. You have the option to independently submit billing statements to your insurance, and you can consult with an Axis billing specialist if needed for support for those options. I understand that I may refuse to sign this authorization and refusal will not affect my ability to obtain treatment unless treatment is required by court order. I understand I have the right to revoke this authorization at any time, and it must be submitted in writing to the Health Information Management Department. If I revoke this authorization, it will not have any effect on medical benefits already assigned prior to AHS receiving the revocation. I may request a copy of this signed authorization at any time.

ACKNOWLEDGE AND AGREE TO PAY:

By signing below, you also acknowledge your responsibility to pay for any services rendered by Axis. You also acknowledge your understanding that you may be billed for multiple services on the same day if you received both behavioral health, primary care, and dental services. Axis reserves the right to limit, reschedule, or refuse treatment to anyone who cannot pay at the time of service. For your convenience we accept cash, check, or credit card as payment.

Authorize the Assignment of Benefits: Assign all medical benefits under my coverage to Axis for all services provided to me, primary care, dental care, including behavioral health and substance use, effective February 16, 2024. Furthermore, my signature authorizes and directs my insurance carrier(s), including Medicare, private insurance, and any other health plan to issue payment directly to Axis for services rendered. This assignment authorizes, for me or as a legal representative, the use and disclosure of all protected health information (PHI), including substance use disorder information, by AHS for the purpose of payment only.

Agree to my Financial Responsibility: Acknowledge and understand that my insurance co-payments are due at the time of service, and I am responsible for any amounts that are not covered by my insurance, which may include co-insurances, deductibles or claims denied due to contracting. You are responsible for any balance due regardless of insurance coverage. If any account becomes past due, Axis reserves the right to collect on these balances prior to scheduling any future appointments. Past due amounts may involve a collection agency with the additional cost of attorney fees, court cost and any other miscellaneous fees that may be added to patient or guarantor's balance.

I understand and agree to abide by the above as it relates to my financial obligations as a patient.

Patient or Legal Guardian Signature: _____ Date: _____

Patient name (please print): _____

Legal Guardian name (please print): _____

It is important that we receive a copy of both the front and back of your insurance card(s) to ensure correct billing.
[Please bring it to your appointment or copies can be emailed to billing@axishealthsystem.org.](mailto:billing@axishealthsystem.org)

Patient Name		DOB	
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GUARANTOR – (Who is financially responsible for this patient?)

<input type="checkbox"/> Self <input type="checkbox"/> Other	If other, Name of Guarantor	
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Relationship to Patient		Date of Birth	
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Sex on file with insurance provider		Phone Number	
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Is address same as patient? Yes No
 If different, please provide address.

Street			
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City		State		Zip Code	
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INSURANCE COVERAGE

Primary Insurance	Secondary Insurance
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Insurance Name:		Insurance Name:	
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Member ID Number:		Member ID Number:	
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Group Number:		Group Number:	
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Effective Date:		Effective Date:	
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Claims Address:		Claims Address:	
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Uninsured/Self-Pay

Family Size		Income		Income Cycle	
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Axis Health System (“Axis”) is dedicated to ensuring you have access to our services. As a non-profit organization, we receive funding from local, state, federal and grant funding sources and we are required to collect financial information from our patients to continue to receive this funding.

By providing your household income below, we may also be able to assist you in determining if you are eligible for a variety of additional health benefit options. In many cases, our staff can assist qualifying patients with the enrollment or assessment process.

- Some of these include:
- Discounted fees are available for qualified patients who may be unable to pay the full fee for services. Axis offers a sliding scale discount based solely on income and household size.
 - Special grant-funded services.
 - Public funded health care coverage such as Medicaid or CHP+.

By declining to provide this financial information, you may be ineligible for financial assistance for your care. All information provided will remain confidential.

By signing below, I attest that the above information is true and accurate.

Patient or Legal Guardian Signature: _____ Date: _____