



Keys to Understanding Your Community Health Center Statement

Numbered areas point out where important information can be found on our newly formatted statement

- 1 Area to fill out when paying with a credit card
- 2 Patient account number
- 3 Date statement was printed
- 4 Amount due from patient
- 5 Date payment is due
- 6 Responsible party name and address
- 7 Description of account activities
- 8 Insurance payments/adjustments received
- 9 Patient payments/adjustments received
- 10 Online payment address
- 11 Back of statement; please make any address or insurance changes here
- 12 Patient Financial Services Policies; for more details on these policies, contact the CHC Business Office

CHC of Snohomish County
P.O. Box 13060
Everett, WA 98206

If you have billing questions,
please call: **(425) 789-3777**
Monday - Friday 7:30 am to 5:00 pm

ADDRESSEE:

SUSAN TEST
1234 MAIN STREET
SEATTLE, WA 98124

Account Name: SUSAN TEST

Statement Date: 02/01/2010 Account Number: 123456 Due Date: 02/22/2010

PAY THIS AMOUNT \$93.83

Pay online: www.chcsno.org

Thank you for choosing Community Health Center of Snohomish County for your health care needs.

Last Patient Payment: 02/21/2009 \$100.00

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Service Date	Patient Name	Description/Provider	Charges	Insurance Payments/Adjustments	Patient Payments/Adjustments	Patient Due
03/23/09	SUSAN TEST	ENCOUNTER 123456789 WITH DOCTOR, MD JON				
03/23/09		99213 - OFFICE/OUTPATIENT VISIT, EST, EXP PROB	\$115.00			
03/23/09		INSURANCE PAYMENT		-11.17		
03/23/09		PATIENT PAYMENT CHECK #4612			-10.00	
03/23/09		PATIENT PAYMENT CHECK #4641			-10.00	
03/23/09		BALANCE DUE				83.83
03/29/09	SUSAN TEST	ENCOUNTER 987654321 WITH DOCTOR, MD JANE				
03/29/09		99214 - OFFICE/OUTPATIENT VISIT, EST, DETAILED	110.00			
03/29/09		INSURANCE PAYMENT		-90.00		
03/29/09		PATIENT PAYMENT CASH		-10.00		
03/29/09		BALANCE DUE				10.00
03/30/09	SUSAN TEST	ENCOUNTER 555661321 WITH DOCTOR, MD JANE				
03/30/09		99214 - OFFICE/OUTPATIENT VISIT, EST, DETAILED	100.00			
03/30/09		INSURANCE PENDING			-100.00	
03/30/09		BALANCE DUE				0.00

PAY ONLINE AT OUR WEBSITE — WWW.CHCSNO.ORG

Please check if the above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

STATEMENT DATE: 02/01/2010 CHECK CARD USING FOR PAYMENT: MASTERCARD VISA VISA

CARD NUMBER: _____ 3-DIGIT CODE ON BACK OF CARD: _____

SIGNATURE: _____ EXP. DATE: _____

DUE DATE: 02/22/2010 ACCOUNT NUMBER: 123456 PAY THIS AMOUNT: \$93.83

Pay online: www.chcsno.org SHOW AMOUNT PAID HERE: \$

REMIT TO:


CHC SNOHOMISH COUNTY
PO BOX 13060
EVERETT, WA 98206

00000002222010000001234560000009383 4

Questions About Your Statement

Our professional Patient Accounts Staff will assist you with any questions concerning your Community Health Center statement. Please call 425-789-3777.

Please refer to the back of the statement for an explanation of patient responsibility, any address or insurance changes, that may be helpful in resolving your accounts.



Community Health Center of Snohomish County
PO Box 13060 Everett, WA 98206
(425) 789-3777

Our Policy on Payment Services
Community Health Center (CHC) accounts are payable within 21 days from statement date. Credit is extended as a courtesy and payment arrangements will be based on account standing.

Fee Discount Program
CHC offers a discounted fee program based on family size and total household income. To apply, you will be asked to complete a simple, one-page application and provide the last 30 days of pay stubs (with year to date totals) or other acceptable income proof for all working members of your household. Applications must be complete within 30 days of your clinic visit. Discount levels are good for one year and require renewal annually. This program will cover medical, dental, pharmacy and laboratory services provided at CHC clinics. You will be expected to pay your portion of the fee at time of service.

Co-Payments
Insurance co-payments and your portion of the discounted fee are expected at the time you check-in for your appointment. You are expected to be aware of the amount of co-payment or discounted fee required for the visit. CHC accepts cash, check, debit and credit cards.

Insurance Filing
If changes have been made to your coverage, please update this information when you check-in. We submit claims to insurance carriers daily as a courtesy benefit to our patients. Our Patient Eligibility Specialist will attempt to verify that your insurance information is current, however your insurance policy is a contract between you and your insurance company. You are responsible for verifying benefits and confirming your CHC provider is in your insurance company network. You are responsible for amounts not covered by insurance. We do not become involved in disputes between you and your insurance carrier. This includes deductibles, co-payments, non-covered charges and "usual and customary" charges. If your insurance company does not pay within 60 days, you will be held responsible for payment.

Liabilities
It is the obligation of the responsible party to settle any outstanding charges. The balance for services rendered is considered due in full within 21 days. Payment plans may be arranged by calling our billing office and are based on accounts being in good standing. We are open Monday through Friday from 7:30am until 5pm. You are responsible for submitting all claims to liability carriers. We do NOT accept letters of protection or liens on future settlements from attorneys.

Debtors
For your convenience, our statements show the current account information for all family members who have used our services. Once a patient becomes rightless, a separate account will be automatically established in his/her name.

Divorce Cases
The parent who initially brings a minor child in for care will be considered the responsible party and will receive all billing statements and letters. Any court-ordered financial arrangements must be worked out between the parents of the children.

Medicare - Medicaid
CHC accepts assignment for traditional Medicare plans and Medicaid. If you are on the State Healthy Options, GA1 or Basic Health Plans, you must be assigned to CHC in order to be seen by one of our providers. You are responsible for any co-insurance and non-covered charges.

Collection
Billings greater than 120 days old or statements returned as undeliverable may be referred to a collection agency. Payments may still be made to CHC but the account will be maintained until paid in full by the agency. Although CHC does not charge interest, accounts that have been placed with the agency do accrue interest.

NSF Checks
All NSF checks returned to us by our bank will be forwarded to the collection agency for recovery. Fees will be added to the check amount by the agency.

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ABOUT YOU:

YOUR NAME (Last, First, Middle Name)
ADDRESS
CITY STATE ZIP
HOME TELEPHONE
FROM TELEPHONE
CELL PHONE

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME INSURANCE COMPANY'S PHONE
POLICY HOLDER'S NAME POLICY HOLDER'S D.O.B.
PRIMARY INSURANCE COMPANY'S ADDRESS
CITY STATE ZIP
POLICY HOLDER'S ID NUMBER GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME INSURANCE COMPANY'S PHONE
POLICY HOLDER'S NAME POLICY HOLDER'S D.O.B.
SECONDARY INSURANCE COMPANY'S ADDRESS
CITY STATE ZIP
POLICY HOLDER'S ID NUMBER GROUP PLAN NUMBER

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