



Patient Financial Agreement

I agree to pay Cowlitz Indian Tribe in accordance with its regular scheduled rates and terms for all charges and services rendered to myself (or the patient if a minor) by Cowlitz Indian Tribal Health Services in person or by phone and/or video (telehealth).

I authorize the release of any medical or other information necessary to process my claims for services rendered. I authorize the Cowlitz Indian Tribe to share any financial information I provide to facilitate payment. I authorize the Cowlitz Indian Tribe, at its discretion, to disclose to appropriate parties my medical records or information from my records for treatment, payment, and health care operation purposes.

To the extent that I have insurance coverage, I agree to pay the Cowlitz Indian Tribe for any balances remaining after insurance benefits are paid, unless prohibited by law or contract, and to notify the Cowlitz Indian Tribe of any changes in my insurance coverage or my address.

I assign and authorize payment directly to Cowlitz Indian Tribe for all insurance benefits including government benefits otherwise payable to me. I understand that if charges are not covered by insurance for any reason, it is nevertheless my personal obligation to pay for all charges billed in full.

Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney fees and collection expense. All delinquent accounts bear interest at legal rate. I authorize the Cowlitz Indian Tribe to impose reasonable interest, late fees, and costs should my account become delinquent.

I agree to apply for all financial programs that I may qualify for as requested by the Cowlitz Indian Tribe should I become unable to pay my account.

By signing below, I also acknowledge that I have been given a copy of this agreement.

Patient Legal Name Printed

Patient Signature (if under age 18 requires parent signature)

Date

Parent or Legal Guardian (if the patient is under 18 years old)

Date

Parent or Legal Guardian Legal Name Printed

Native Americans and Alaskan Natives enrolled in a federally recognized tribe who receive services at Cowlitz Tribal Health and Human Services will not be charged for deductibles, co-pays, co-insurances, or any other costs associated with services provided.