How to pay for care at
The Institute for Family Health

The Institute for Family Health is committed to providing you with affordable, high-quality health care. We do not turn anyone away because they cannot pay for care. Please read below to learn about how to pay for care you receive at our health centers.

If you have questions or need help, please ask to speak with a case manager or call our billing department at (800) 444-6020. We’re here to help.

What information do you need from me?
• When you visit an Institute for Family Health health center, we will sometimes ask you for your personal information such as where you live, how many people live with you, your household income, and a copy of your insurance information (if you have insurance).
• If we are helping you enroll in health insurance, we need to ask you for proof of identity.

What insurance do you take?
• We take most insurance plans. Please ask the front desk staff if we take your insurance plan. If we do not take your insurance, we can help you find another provider that does.
• We can help you enroll in an insurance plan if you do not have one. Ask the front desk for help.
• Your insurance may require referrals or permission for some services. If a referral or permission is required, we need to have it on file before we can provide you with care, unless it is an emergency.
• We can still see you even if you do not have insurance.

How do I pay for my care?
• You pay for your care at your visit, including co-payments, deductibles, and other charges not paid by your insurance.
• We accept cash, checks, money orders, and credit cards. We charge you a $25 fee for a bounced check.
• If your insurance company sends you a check to pay for care you received at the Institute, please bring the check into our health center, or send the payment to:
  The Institute for Family Health
  PO Box 95000 CL #4655
  Philadelphia, PA 19195-4655
• If you receive a separate bill for services from labs or pharmacies, you will pay the bill to the lab or pharmacy.
• If you cannot pay the full amount for your care, we can set up a payment plan for you.
• **You may be eligible for a sliding-fee discount based only on your household income and family size.** Please make an appointment with a case manager for a sliding fee application or log into MyChart and go to Billing > Financial Assistance.

Patient name: ___________________________________________  ________________________________

Patient’s signature: ___________________________________________  Date: ____________________