

NFP FINANCIAL POLICY

FOR TESTING WHEN THE PROCEDURE IS NOT PERFORMED

If for ANY reason you are unable to have the abortion procedure or early pregnancy loss (EPL) treatment done today there will be a fee of \$125 for the Ultrasound and/or Lab work that was done.

- Patients are responsible for the cost and payment is expected in full today.
- Patients using funding assistance for help with the cost of the abortion or EPL treatment need to be aware that the funding assistance program will **NOT** cover these expenses if an abortion procedure or EPL treatment is not performed

Part or all of the payment today may be deducted from the cost of the abortion or EPL treatment if you return to NFP within 2 weeks for care. See a staff person for details.

While we understand that your intention is to have an abortion or EPL treatment today, your health and safety are our top priority. There are situations that can occur during your visit that may prevent the abortion or EPL treatment from taking place. These situations include, but are not limited to: an inconclusive ultrasound, being too early or too far in the pregnancy to have the procedure today, concluding you are not pregnant, medical conditions that need to be evaluated/require medical clearance by your physician prior to having an abortion, time constraints, and/or changing your mind about the procedure.

I understand there is a charge of \$125 for an Ultrasound and/or Lab work if the abortion procedure or EPL treatment is not done today. I understand that I am responsible for these charges and agree to pay them today.

Patient Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

FOR PATIENTS WITH HEALTH INSURANCE

The information I've provided is true and accurate to the best of my knowledge. I recognize that Northland Family Planning Centers will attempt to verify whether elective abortion is a covered benefit of my insurance and I allow assignment of my benefits to Northland Family Planning. However, if Northland Family Planning cannot confirm that I have abortion benefits to its satisfaction, because of Michigan's Abortion Insurance Opt-Out Act (MCL 550.541-51), Northland Family Planning cannot bill the insurance company for ANY services related to an elective abortion. I understand that I am responsible for payment of any services provided and agree to pay them today.

Patient Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

FOR PATIENTS REQUESTING FINANCIAL ASSISTANCE

I have requested financial assistance from the National Abortion Federation to help pay for my abortion or early pregnancy loss treatment today. I authorize Northland Family Planning Centers to provide the National Abortion Federation with the necessary personal information that I have voluntarily provided to apply for these funds.

Patient Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

RECEIPT GIVEN BY _____ (staff initial)