Financial Policy

Thank you for choosing our practice as your health care provider. Our goal to provide the highest quality of health care for your family remains our number one priority. The following is a statement of our **Financial Policy** that we ask you to read and sign prior to establishing yourself as a patient in our practice.

Regarding Insurance

We participate with Medicare, Blue Cross Blue Shield of Michigan, McLaren Health Advantage, Cofinity, Aetna and Blue Care Network/Health Plus (with a referral from your primary care physician). *Participation* means that we have a contract with these insurance companies and must accept their "allowable" fees as a reimbursement in full. Deductibles, co-pays, and non-covered services are not included.

For other commercial insurers not listed, since we do not have a participating contract to accept their "allowed" fee, you may still have a balance after your insurance company pays their portion. If your insurance plan is not listed please check with your insurance company, employer, or ask the receptionist if we participate prior to receiving any services. **Participation is subject to change.**

90-DAY POLICY-If an insurance company does not respond with any kind of correspondence within 90 days, our office will contact you. The balance can then be transferred to you. We will do our very best to continue to work with you and your insurance company but their refusal to send payment/rejection to us will result in the transfer of the balance to you.

Please remember that your insurance policy is a contract between **YOU, your EMPLOYER, and your INSURANCE COMPANY.** We are not a party to that contract. Please be aware that some, perhaps all of the services provided may be non-covered services and in this case, will be **YOUR** responsibility.

Because we deal with hundreds of insurance plans, our staff is unaware of your individual insurance benefits. If in doubt whether a particular service is a covered benefit, please check with your insurance carrier or your employer before receiving services.

Insurance Processing

To assure accurate processing of services, we need your assistance in providing insurance carrier information. Please be prepared to present your insurance card **EVERY VISIT.**

Our office will bill your **primary** insurance carrier. For Medicare recipients, we will bill one secondary carrier. We will courtesy bill to any secondary carrier for all balances in which we are

contractually obligated to do so. We will also bill balances greater than $20 to a secondary carrier that we are not contractually obligated to do so. Patients with other secondary insurance may request a printed receipt to submit to their insurance carrier. Delayed insurance payments **do not** relieve you of your obligation to pay balances when due.

We accept cash, personal checks, or Visa/MasterCard/Discover

Usual and Customary

Our charges are usual and customary for our area. Charges are determined from universal numeric codes assigned by your physician in accordance with strict Federal and State billing guidelines governing code selection. These numeric codes describe the intensity of the exam and medical decision making required for your care. Charges for services rendered may vary from visit to visit depending on the level of care rendered by your physician.

Minor Patients

The adult accompanying a minor (parent or legal guardian of the minor) is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless payment or arrangement of payment has been made in advance. To comply with state and federal regulations, any patient 18 or older with be held legally and financially responsible and will receive their own billing statement **regardless of the insurance policy holder.**

Missed Appointments

If you are unable to keep an appointment, please contact your physician office at least 24 hours in advance so that we can accommodate other patients who need appointments. Failure to notify or give proper advance notice could result in a no-show charge for a missed appointment. Repeated missed appointments not only jeopardize your health and the quality of care you receive, but may also cause you to be dismissed from the practice.

NSF Checks

If your check is returned for non-sufficient funds, a fee of $20 will be added to your account.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. Your signature indicates that you have read, understand, and agree to the above information.

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Signature of patient or responsible party **Date**