

**We are committed to providing you with compassionate, quality, and accessible health care.
We are available to work with you if you have special financial needs.
The following information is provided for professional services rendered.**

Our office participates in a variety of insurance plans. **It is your responsibility to:**

- **Bring your insurance card to every visit.**
- **Obtain the necessary physician referral or pay all office fees prior to services rendered.**
NOTE: If the referral has not been obtained, you may be asked to sign an Insurance Referral Waiver.
- **Remit payment for medical care not covered under your insurance (deductible, co-pays, non-covered services, etc.) at time of service.**
- **Be prepared to pay your co-pay, deductible or non-covered services at each visit. Payment may be made by check, cash or credit card.**
- **We will not become involved in disputes between you and your insurance company regarding deductible, covered charges, co-payments, secondary insurance, “usual and customary” charges, etc., other than to supply factual information as necessary. (Please be aware that some of the services provided may be non-covered services and not considered reasonable and necessary under your insurance program. It is your responsibility to check with your insurance plan to see what services are covered.)**
- **All private pay fees will be collected at the time of service, unless other arrangements have been made in advance.**

For patients 17 years and younger, a parent or guardian must accompany them and sign below (exception: patients 17 years and younger declared emancipated minors). It is the parent or guardian’s responsibility to bring the necessary referrals and insurance cards and also to make any payment due at time of service. Michigan law holds liable the adult patient requesting service to be responsible for co-payments, deductibles or non-covered charges at the time of services not a parent or spouse.

We are often asked to evaluate and /or treat a patient’s possible injury when legal action may be pending or contemplated. In such cases, the fee for the evaluation or treatment is due and payable at the time the service is rendered and not following the resolution of the legal case.

If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company’s member services department (call the number on your insurance card).

Our practice firmly believes that a good physician/patient relationship is based upon understanding and communication. So we can serve all our patients in a timely manner, please give us 24-hour notice if you need to cancel a scheduled appointment. Effective November 1, 2003 there will be a fee charged for any missed appointment that is not cancelled 24-hours in advance.

Any questions about financial arrangements should be directed to the Patient Accounts Department, 1-269-471-7741.

Please sign below to indicate that you have read and agree to this Financial Policy.

I understand and agree to this Financial Policy.

Patient Name

Responsible Party Signature

Date