

Financial Policy

- MidMichigan Medical Center-Clare
 MidMichigan Medical Center-Midland
 MidMichigan Physicians Group

- MidMichigan Medical Center-Gladwin
 MidMichigan Medical Center-Gratiot

Patient Name _____

Patient's Date of Birth _____

This financial policy applies to health care provider office services of MidMichigan Physicians Group, MidMichigan Medical Center-Midland, MidMichigan Medical Center-Gratiot, MidMichigan Medical Center-Clare and MidMichigan Medical Center-Gladwin.

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 Shield Medicare Advantage, Humana Medicare Advantage, Medicaid, Molina Medicaid, ConnectCare, Aetna, Cofinity, Blue Shield, Blue Shield PPO, Tricare and Tricare Prime, Cigna, Priority Health (including Priority Health Medicare Advantage), and HealthPlus of Michigan (including HealthPlus Medicare Advantage). Additionally many providers participate with the Midland Health Plan, Central Health Plan, MidMichigan Health Plan, McLaren Medicaid, Blue Care Network, and Blue Care Network Medicare Advantage depending upon the county that they practice in. **Participation** means that we have a contract with these insurance companies and must accept their "allowable" fee as reimbursement in full. Deductibles, copays, and non-covered services are not included. For other commercial insurers not listed, since we don't have a participating contract to accept their "allowed" amount, you may still have a balance after your insurance company pays their portion. If your insurance plan is not listed, please check with your own insurance company or employer to ask about participation prior to receiving any services. Participation is subject to change.

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 literally 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 to us. Please be prepared to present your insurance card at **every visit**. Your insurance card and drivers license will be requested to be scanned into our practice management system.

We will bill your **primary** insurance carrier. We will courtesy bill to any secondary carrier office visit co-payments that are paid at the time of service. We will bill your secondary and tertiary insurance carriers for all balances in which we are contractually obligated to do so. We will also bill balances to one secondary insurance carrier that we are not contractually obligated to do so. Patients with other tertiary 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.

Payment at Time of Service

In order to comply with insurance company requirements, co-payments **must** be paid at the time of service. Beginning August 1, 2003, office visit co-payments that are not paid at the time of service will be assessed a \$5 fee per occurrence. Other known patient responsible charge balances, such as outstanding balances, non-covered services, co-insurances, and co-payments, will also be collected at time of service. Patients with no insurance coverage will be granted a 20% discount on eligible charges.

We accept cash, personal checks, or Visa, MasterCard and 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 the 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.

Preventive Care Services

We believe good preventive health care is the cornerstone of quality health and responsible medical care. Examples of preventive care may include annual physical exams, well-child exams, sports physicals, and preventive medical counseling. Insurance companies and individual employer health plans provide very different coverage benefits for preventive care services. Most insurance companies will only provide a benefit for one annual physical per enrollee per year. Some do not provide any benefit for preventive care.

During the course of your preventive health exam, your provider may also discover, investigate and/or treat any illnesses or other irregular conditions you might be experiencing. Correct coding guidelines require us, in these instances, to code/charge for each service separately. However, many insurance carriers differ in their interpretation of this and may not provide a benefit for both preventive care and illness care when provided concurrently during the same visit.

To avoid unexpected out of pocket medical expenses for preventive care services, it is extremely important you understand your benefit plan coverage with respect to preventive care. You are strongly encouraged to verify your insurance benefits **before** scheduling and receiving any preventive care services.

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 may be denied unless payment or payment arrangements have been made in advance. To comply with state and federal regulations, any patient age 18 or older will 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's office at **least 24** hours in advance so that we can accommodate other patients who need appointments. Failure to notify the office and/or give proper advance notice could result in a no-show charge for the 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 \$15.00 will be added to your account. This fee will be waived if cash payment for the check is received within 24 hours of the notification.

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

Signature of Patient or Responsible Party

Date
