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Thank you for choosing us as your health care provider. We are committed to your successful treatment. The following is a statement of our Financial Policy, which we require that you read and sign prior to the treatment. For your convenience, we accept cash, checks, and credit cards as sources of payment.

RESPONSIBILITY STATEMENT

Your insurance is a method for you to receive reimbursement for fees you have paid the physician for services rendered. Having insurance is not a substitute for payment. Many companies have fixed allowances or percentages based on your contract with them, not our office. It is your responsibility to pay the deductible, co-insurance, and other balances not paid for by your insurance at the time service is rendered. We will assist you in receiving reimbursement but you are responsible for your bill. You are also responsible for knowing your insurance policy and plan. We are a Saint Mary’s Healthcare physician-owned practice and we utilize Saint Mary’s Laboratory and Radiology whenever possible. If you know that your insurance will not pay for this, please notify us.

PARTICIPATING INSURANCE AND MANAGED CARE COMPANIES

We participate with the following payers: Blue Cross Blue Shield of Michigan, Blue Care Network/Blue Choice, MESSA, Blue Preferred/Community Blue, Preferred Choices, Priority Health HMO and POS, PPOM, PHCS, Cigna Health Care, Molina Medicaid and Medicare, United Healthcare, Health Plan of Michigan, among others not listed here. If you do not see your insurance company listed here, please ask a representative from our office regarding insurance participation for your plan. It is your responsibility to pay for any copays and/or deductibles due at the time of service.

PRIOR AUTHORIZATION AND REFERRAL REQUIREMENTS

You must obtain any necessary prior authorizations and/or referrals required by your insurance company, prior to your scheduled appointments.

NON-COVERED SERVICES

Please be aware some and perhaps all of the services are not considered reasonable and necessary under Medicare, Medicaid, and other medical insurances. You will be responsible for these balances.

Frequently, insurance does not cover preventative care, such as routine physicals, pap smears and pelvic and breast exams. Please be aware of this prior to your appointment, and know that you will be responsible for any unpaid balances.

MISSED APPOINTMENTS

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments, at our discretion. The rate of the normal office visit will be charged. Please help us to serve you better by keeping your appointments.

Thank you for reading our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to comply with this Financial Policy.

Print Name

Patient Signature

Date