



## PAYMENT POLICY

**For questions regarding your bill, please don't hesitate to talk to one of our Billers at 348-1536 or 348-1538.**

It is our payment policy to collect the appropriate payment due from the patient at the time the service is rendered. This may only be your **co-payment** or "co-pay," **deductible** and/or **co-insurance** according to your health insurance company benefit plan, but we do ask for payment at the time of your visit.

We have not contacted your health insurance company, but anticipate the following payment responsibility.

We contacted your health insurance company \_\_\_\_\_ for an estimate of your health care **benefits** for the following procedure(s)/services(s).

---

---

### **Your health insurance company benefit plan indicates that you are responsible for the following estimated charges:**

The physician is considered  **in network**  **out of network** by your insurance company.

\$ \_\_\_\_\_ **Deductible**                      \$ \_\_\_\_\_ **Co-payment**

\$ \_\_\_\_\_ **Co-insurance**                      \$ \_\_\_\_\_ **Other charge(s)**

To be determined by your insurance.

Your plan policy indicates that a **prior authorization** is required. Please contact your PCP.

### **Patient Medical Billing Process**

The office staff, as a courtesy to you, will submit a medical bill to your **primary health insurance company** for processing. It is important to give your updated information to the physician office staff, since your complete and current information is necessary to submit an accurate claim form to your health insurance company. The remaining claim will be sent to **a secondary health insurance company**, if provided, after payment is received by the primary health insurance company.

The physician office staff will mail to you a bill/invoice that contains the total cost of your services(s) and/or procedure(s) received during your office visit and/or hospital stay. You may expect this bill within 30 days. The health insurance company payment will be deducted from the bill when it is received by the office staff.

You are responsible for any outstanding balance, such as non-covered charges as outlined in your health insurance policy. Balances are due within 30 days of when the bill is issued. We accept checks and credit cards. In addition to paying through the mail, credit card information may also be called to the billing office during business hours **at 231-348-1536 or 231-348-1538**. By accepting our services, you are consenting to receive these communications.

### **Other Fees**

Form fee: **\$10.00**. Examples are filling out medical forms for driver's license, assisted living, insurance, etc.

Returned checks: **\$25.00**. In the event a second check is returned for non-sufficient funds, you will be expected to pay cash for all future care at the time of service.

If you anticipate any financial difficulty in meeting your financial obligations, please let us know now and we will work with you to arrange an appropriate payment plan. We want you to avoid delinquent bills and subsequent legal action. Please talk to a Biller today **231.348-1536 or 231.348.1538** and we will make every reasonable effort to work with you.