

Name:

DOB:



## FINANCIAL POLICY

Thank you for choosing Allen Park Family Physicians as your medical provider. Although billing is not always a comfortable topic, we want to keep you aware of our current office and financial policies. We ask that you please read and sign this policy before receiving any treatment.

Payment for medical care is different for everyone because there are many insurance companies and many different types of coverage. Since you are the person seeking care, please know that you are responsible for the payment of your bills related to your visit. To help you, we will bill your insurance carrier(s) for you, once you have provided us with a copy of your current insurance information.

### Financial Terms:

**Payment Types Accepted** - Cash, Personal Check, VISA, MasterCard, Discover and American Express

**Co-Payment** – The fixed dollar amount **set by your insurance plan** that **MUST** be paid by you at the time of your visit. The Co-payment cannot be “waived” by our practice, because it is a rule from your insurance carrier. **If you request to be billed for your co-pay, a \$10 statement fee will be applied.**

**Deductible** – The annual dollar amount **set by your insurance plan** that is deducted from insurance benefits and **MUST** be paid by you. The Deductible cannot be “waived” by our practice, because it is a rule from your insurance carrier.

**Co-Insurance** – The percentage **set by your insurance plan** that is deducted from insurance benefits and **MUST** be paid by you. The Co-Insurance cannot be “waived” by our practice, because it is a rule from your insurance carrier.

**Self-Pay** – The dollar amount to be paid by the patient, who has no insurance benefits, at the time of the visit.

**Payments due:** You, the patient, are responsible for annual deductibles, co-payments, co-insurances, percentages and any services that are not covered at the time the service is rendered. If you do not know what your insurance coverage is, please contact your insurance company. It is up to you, the patient, to know your own insurance plan and the benefits provided because your benefit plan is between you and your insurance carrier, NOT between our physicians and your insurance carrier.

Patients who have overdue balances are billed every 6 weeks. Patients with past due accounts will be asked to make payments in full before being seen in our office for anything other than surgical follow-up, you may contact our business office regarding payment arrangements. If your account is sent to an independent collection agency, you will not be allowed to schedule appointments until your account is paid in full.

**“No Show” for appointment:** We understand that emergencies happen sometimes for our patients, just as they do for us. However, when a patient cancels an appointment without enough notice, or just doesn't show up, we can't use that time to serve the needs of our other patients. We ask that you please call at least 24 hours in advance to cancel an appointment. Patients, who do not, may be charged a \$25.00 “No Show” fee for a regular appointment and a minimum of \$50.00 for a scheduled procedure. **This fee will be charged to the patient directly, as it is not covered by insurance.**

**Returned Checks/Rejected ACH Withdrawals:** A \$35.00 fee will be added to your account for any returned checks or ACH withdrawals rejected by your financial institution for any reason. This is in addition to any fees that your financial institution may charge you.

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**Disability or Insurance Forms:** Our office will complete your disability insurance claim forms if the doctor deems appropriate. The fee per form is \$10.00, and must be paid by the patient before the forms will be filled out. Your insurance company will not pay this fee. If you would like the forms to be mailed to you or your insurance company, payment will be due prior to mailing. PLEASE ALLOW 5-7 BUSINESS DAYS FOR COMPLETION OF YOUR DISABILITY FORMS.

**FMLA Paperwork:** Our office will complete your FMLA paperwork if your physician deems it appropriate. Your physician may require that you be seen for an office visit in order to have this type of paperwork completed. The fee for this paperwork is \$25.00, and must be paid by the patient before the paperwork will be filled out. Your insurance company will not pay this fee. If you would like the paperwork to be mailed to you or your employer, payment will be due prior to mailing. PLEASE ALLOW 7-10 BUSINESS DAYS FOR COMPLETION OF YOUR FMLA PAPERWORK.

**Medical Records:** The fees associated with the copying of medical records are within Michigan state statutes. We will provide you with a copy of your medical records, upon request. You will need to sign a letter of release at the time of the request, or pick up. Please allow, 7-10 days for us to copy your records. If you wish for your records to be mailed, there will be an associated fee to cover the mailing costs. You may be charged for any additional copies of your medial records.

**AUTHORIZATION TO PAY BENEFITS DIRECTLY TO ALLEN PARK FAMILY PHYSICIANS**

I assign and authorize direct payment of all health care benefits and other forms of payment of any kind, which relate to the care provided to me by Allen Park Family Physicians staff for application to my bill. I assume FULL FINANCIAL RESPONSIBILITY FOR PAYMENT of all expenses associated with my care and treatment, including any portion of hospital or physician charges that are not covered/paid for by insurance, worker's compensation or social agencies.

I, THE UNDERSIGNED, HAVE READ, CLEARLY UNDERSTAND AND AGREE TO THE PROVISIONS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

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SIGNATURE OF THE PATIENT/PARENT/GUARDIAN

DATE

TIME