Troy Family Practice

FINANCIAL POLICY

Thank you for choosing our office. As your primary care providers, we are committed to providing you with quality care. We do, however, need your assistance and your understanding of our payment policy. All services may not be covered by your insurance. In order to reduce confusion and misunderstandings, we have adopted the following financial policy.

Basic Financial Policies:

1. Co-Pays are due at the time of service.
2. We accept cash, personal checks, Visa, MasterCard, American Express and Discover.
3. All balances must be paid before future appointments can be made unless prior arrangements have been made with our billing department at (248) 813-0124. Payment plans must be kept current.
4. Balances past 90 days may be turned over to an outside collection agency at the office's discretion. We encourage you to contact us immediately for assistance in the management of your account. We are here to help you and will happy to answer any questions you may have regarding your treatment or insurance coverage.
5. In order to provide the best access for our patients we require 24 hours notice for cancellations. Adequate notice allows us to provide the best possible access for sick calls and patients that need immediate care. Failure to provide 24 hour notice may result in a $25 fee, which must be paid before your next visit.
6. NSF checks will require payment to be made in cash or by certified funds for the amount of the check plus a $40 fee for the NSF check.
7. Patients/guarantor credits, regardless of the amount will be retained by our office for as long as the patient is active with the practice. If the patient has a credit balance and becomes inactive, meaning the patient has not been provided any services for greater than six (6) months, the full amount of the patient credit balance will be returned to the patient upon request.

Insurance Policies:

1. Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you. If your insurance company does not pay the practice within sixty (60) days from the date of service, we may look to you for payment in full. We strongly suggest you monitor your account with us by closely following the balance as it ages beyond 30 days, at which time we recommend calling your insurance carrier and request a "claim status report."
2. If you have a change in insurance policy, add, or terminate coverage, you are responsible for notifying the office prior to being seen.
3. Please be aware of your HMO (managed care) insurance. It is your responsibility to to contact your insurance company and select us as your PCP (primary care provider) before your visit. Failure to do this may result in denial of the claim, making you responsible for payment.
4. It is your responsibility to understand your healthcare benefit coverage. If you are unsure of your benefit coverage, we encourage you to contact your health insurance representative prior to your appointment as ultimately you will be responsible for all unpaid balances by your insurance carrier.

5. Our office participates with most insurance companies, aside from medicaid. We will bill those plans which we have an agreement with and only require you to pay the office visit copay at the time of service.
6. If you have insurance coverage with a plan that we do not participate with, we will as a courtesy, prepare and send the claim for you. Aside from medicaid. However, any remaining balance will be billed to you once we have received a remittance from your insurance carrier.
7. All health plans are not the same and do not process claims in the same way. In the event that your health plan determines that a service is "not covered" or "patient responsibility", you will be responsible for this complete charge. Payment is due upon receipt of a statement from our office. If you have a dispute with the way the insurance carrier processed your claim, please contact the carrier for explanation of processing. Our billing department can only provide the information that was contained on the explanation of payment received from the payer, we cannot provide information about how the payer reached the decision on your claim, or your policy benefits.
8. If you receive payment from your insurance carrier when payment should have come directly to our office, you are to mail or bring the check and the explanation of benefits in to the office.

Self-Pay Patients:

1. For patients who do not have health insurance, we do offer self-pay pricing at a reduced rate. If at any time you require self-pay pricing, please inform the office prior to your visit.
2. Patients being seen on a self-pay basis may be required to pay a percentage of the cost of their visit prior to being seen. If you are a self-pay patient and your are not able to make a payment on the date of service, you must inform the office prior to your appointment.
3. Arrangements of self-pay balances can be made at the office's discretion. However, failure to maintain the agreed arrangement may render the patient ineligible for future arrangements.

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read the above Patient Financial Policy and have provided the Practice with true and correct insurance coverage information, and agree to notify you of any changes in my health insurance coverage.

_____ _____

Signature of Patient, Policy Holder or Legal Guardian Date

_____

Printed Name