

MILLENNIUM MEDICAL GROUP WEST

A Division of Michigan Healthcare Professionals, P. C.

FINANCIAL POLICY

Thank You for choosing Millennium Medical Group West as your health care provider. We are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of the financial policy, which is an agreement between the doctors of the practice and patient's and/or parent or guardian. Your clear understanding of the financial policy agreement is important to our professional relationship. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.)

INSURANCE

Payment for services is due at the time services are rendered, except as outlined as follows. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient to provide *accurate* and *timely* insurance information. Inaccurate or untimely information given to the staff that results in denial or non-coverage by your insurance company results in the guarantor being responsible for payment.

NON-EMERGENCY APPOINTMENTS

Physicals, well-child checks, and the like may be rescheduled if there are outstanding balances or if a co-payment is not made at time of service. If you are experiencing financial difficulty, please let us know. Health insurance is a contract between you, your employer, and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (e.g. vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs laboratory tests, emergency hospital care).

BILLING

Payment is due at the time of service. We accept cash, checks, Discover Card, MasterCard and Visa. Outstanding balances are due within 30 days, unless prior arrangements have been made with the billing department. If your account is forwarded to a collection agency, we will continue to see you on an emergency basis only for the next 30 days, giving you time to find a new source of medical care.

A **\$35** fee will be charged for all returned checks and your account will be placed on a "cash-only basis". We will accept payments only by cash or credit card until the balance is cleared.

For patients under the age of 18 accompanying parent or adult is responsible for full payment at the time of service. In the case of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's medical care between the custodial and non-custodial parent. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

Should your account balance become uncollectible due to bankruptcy, we will continue to see you on an emergency basis only for the next 30 days, giving you time to find a new source of medical care.

IF WE PARTICIPATE WITH YOUR INSURANCE COMPANY

All services performed in our office and at the hospital will be submitted as a courtesy to your insurance. All co-payments are due at time of service. Deductibles and coinsurance are your responsibility and will be billed to you by our office. All insurance carriers have a fee schedule from which they will reimburse. Therefore, any balances not covered by insurance become the responsibility of the patient.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE COMPANY

If we do not participate with your insurance company, you must pay for all charges at the time of service. If you request, we will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement. Not all services provided by this office are covered benefits in all contracts. It is your responsibility to know what providers participate with your insurance company. You can find this out by either logging onto their website or call the number for customer service on your card.

PATIENTS WITH NO INSURANCE

We understand that there may be a time you need to be seen but have NO insurance coverage. The fee for established family practice patients start at \$65.00 for an office visit and the fee for established Internal Medicine patients start at \$90.00. New patient office visits for family practice start at \$90.00 and Internal Medicine starts at \$110.00. The doctor may order additional services that would have an additional cost to you and will be applied to your account. Payment will be expected once you receive your first billing statement.

WORKERS COMPENSATION AND AUTOMOBILE ACCIDENTS

In the case of a workers' compensation injury or automobile accident, you must obtain the claim number, phone number, contact person and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service. Should your case go into litigation, we will change your account status to "self pay". As litigations may sometimes go on for years you will be required to make payments and forward your receipts to your attorney.

FORMS AND FEES

There is a prepayment fee for the review and completion of school/child care forms not provided at the time of the well-child examination. Please keep the original form and photocopy for your child's school, camp, or activity. This will help you to avoid additional fees. All disability forms are subject to a fee which is due prior to receiving your completed form.

There is a prepayment fee for the copy of medical records unless they are being sent to another physician for continuity of care, additional charges may occur if more than 2 years need to be copied. Record requests from other physician offices to our office may have additional charges.

REFERRALS

If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility.

If your insurance plan requires a written referral for you to see a specialist, or for procedures or laboratory tests, you must allow us 3 to 5 business days to complete the appropriate form(s) prior to obtaining services. You may have to reschedule your appointment if enough notice is not given to prepare your referral. Only emergency referrals will be completed in the same day. Retroactive referrals cannot be written and will not be honored.

In general, we will not agree to a referral for a problem we have not been consulted about first. It is important that as questions arise, you contact your insurance company directly for final guidance.