

Novi Internal Medicine and Pediatrics, A Division of Envision Medical Group
Financial Policy

Dear Patients:

We are providing this for your review and acknowledgement. Please sign below where indicated.

Insurance: We participate in most insurance plans, including Medicare. You are responsible for ensuring our office has the most up to date insurance information. If we are not supplied with his information with 1 month of your visit, you may be responsible for the balance. Please make sure **you know** your co-pay and deductible, and what is covered by your insurance carrier. Contact your insurance carrier with any questions you may have regarding your coverage.

Cash Paying Patients: Patients without insurance will be asked to make an initial payment prior to being seen. New patients will be asked to make a payment of \$140.00 (99203) prior to being seen; established patients will be asked to make a payment of \$90.00 (99213). **Once seen and services are rendered, the balance of payment due for the date of service is expected to be paid prior to leaving the office.**

Credit Card Authorization/Payments: In recognition of the impact of the Affordable Care Act, we are requesting separate signed authorization to hold your credit card data via a random alphanumeric token on a secure gateway server in order to charge any outstanding balance over 30 days old.

Copays and Deductibles: Co-pays are a pre-set fee set by your insurance company, and should be paid at the time of service. Some insurance policies have a deductible that starts over at the beginning of every year, including Medicare. The deductible is the cost you must pay for medical treatment before your health insurance starts to pay. *There may be a \$10 charge for non-payment of your co-pay at time of service.*

Non-Covered services: Please be aware that some of the services you receive may not be covered under your health insurance plan, or considered medically necessary by Medicare or other insurance carriers. These services should be paid at the time of services. For example, if you insurance company does not cover vaccines, then the cost of the vaccine should be paid at time of service.

BCBS Master Medical claims: Patients with Master Medical are responsible for payment at the time of their visit. As a courtesy, we will submit these claims to BCBSM. They will reimburse you directly.

Collections: If your balance remains unpaid after 90 days, your account may be referred to an external collection agency. As a result, you, or your immediate family, may be terminated from our practice for nonpayment.

Bounced checks: There will be a \$35 charge for any bounced checks.

Missed appointments: There may be a \$35 charge for missed appointments.

Appointments Cancelled without a 24-hour notice: Please be courteous, other patients may need your appointment time. Canceling your appointment without giving the office enough notice may result in a \$20.00 charge.

Copy of records: *There may be a fee assessed for copying of records requested for personal use or other providers.* **Record copying fees are charged in accordance with Michigan legal recommendations.**

Attending Physician Statements (APS): There may be a charge of \$95; either payable by you or your insurance carrier, for completion of attending physician statements.

We accept the following for payment: **Cash, Check, Money Order, Visa, MasterCard, Discover, and American Express.**

Thank you for understanding our financial policy. Please let us know if you have any questions.

Signature of Patient or Responsible Party

Date

Patient Name