

MICHIGAN ORTHOPEDIC SPECIALISTS

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OUR PRACTICE FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about this policy, please discuss them with a representative from our office. We are dedicated to providing the best possible care and the highest level of service and regard your complete understanding of our financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or with your health insurance carrier, full payment is due at the time of service. For your convenience, we accept CASH, CHECKS, VISA & MASTERCARD.

Medicare Patients:

We are participating providers of Medicare. We will be collecting your 20% Medicare coinsurance and/or deductible (if applicable) at the time of your visit, **UNLESS** your secondary carrier is automatically “crossed-over” by Medicare. In that case, if your secondary carrier’s reimbursement does not cover the co-insurance in full, you will be billed for the balance. Any amounts billed are due upon receipt.

Managed Care & Other Insurance Patients:

REFERRALS:

We have made prior arrangements with many insurers and other health plans to accept assignment of benefits and with whom we are participating providers. **The following requirements will need to be adhered to:**

- If a ***referral form*** or ***referral authorization*** is required, **you must present it to the receptionist at the time of your initial appointment.** If you are scheduled for follow up visits, **it is your responsibility to make sure that your ongoing referral is valid.**
- If you choose to use your benefits “out of network” (without a referral from your PCP), you will be responsible for any associated out of pocket expenses, which will be due at time of service. Questions can be directed to the Billing Office.
- If you do not have out of network benefits and you opt to be seen without a referral authorization, you will be required to pay for the services in full. An estimated portion of your visit must be paid prior to being seen.

CO-PAYMENTS:

- ***Please be prepared to pay your co-payment/coinsurance at the time of your visit.***

DEDUCTIBLES:

- ***If you have an unmet deductible, please be prepared to pay your portion at the time of your visit.***

If you have an open balance or copayment due, you will be expected to resolve it with our billing department prior to being seen. Our physician’s and staff are unable to make exceptions to this, or any other policy adopted by our management.

WORKERS COMPENSATION & AUTO CLAIMS:

If you have a claim, prior to scheduling an appointment, we must receive a written letter from your adjustor showing that there is an open claim, and it must contain the physician's name you are scheduling with, the adjustors name and phone number, billing address and must state that the claim is open and billable.

Other Fees:

FORMS:

If you require a note for work or school that indicates restrictions, be sure to talk to the doctor about this at the time of the visit. Our office will provide you with a note from our office that indicates any restrictions reflected in the physician's notes. If your job, school or disability carrier requires a specific form to be completed, there is a nominal charge for this, starting at \$10 and goes up depending on the length of the form.

MEDICAL RECORDS:

There is a charge for medical records, in accordance with state guidelines and fees vary depending on how many pages are printed. We must have a signed authorization on file prior to processing the request and payment must be received prior to their release. An authorization form may be obtained from our office or website and faxed to the medical records department at 313-277-2483.

MISSED APPOINTMENTS:

Patients must give advance notice if they are not going to make their appointment, with the reason for their cancellation. **For any patient who has been a no-show twice, there will be a \$50 missed appointment charge that must be paid prior to being rescheduled.** This charge is not payable by insurance and will not be billed to your insurance carrier. Our scheduler's must have confirmation of payment prior to scheduling your appointment.

A NOTE ABOUT OUR FEES:

You may have been quoted a fee for your consultation or office visit. Please be aware that until the doctor examines you and discusses your medical needs, we cannot determine prior to your visit whether or not you will require any special diagnostic or therapeutic care during your visit. If you do require a diagnostic or therapeutic procedure, this service will be billed in addition to the fee for the office visit. Please feel free to ask questions about the care your doctor recommends.

It is the responsibility of the patient to know the terms of his or her insurance coverage. Please call your carrier if you have any questions about your benefits. Deductible or co-insurance amounts withheld from our payment are the responsibility of the patient. If you have any questions about this, please speak to our Billing Office. We must have a copy of your current insurance card(s) on file at all times you are actively being treated or have an active and unpaid claim in our office.

If we are denied payment due to lapse of coverage, misrepresented information provided to us at any time by you or your insurance carrier, failure to notify us of a change in your insurance information, or your failure to follow the rules of your insurance contract or return requested information to support your claim, you will be responsible for our regular fee.

This notice is made available to all new patients upon their first visit to our office and can be viewed on our website at any time.

Questions or concerns should be put in writing and sent by United States Postal Service to Board Of Directors, Michigan Orthopedic Specialists, 21031 Michigan Avenue, Dearborn, MI 48124.