

Family Practice of Cadillac, P.C.

827 East Division (M-55) • Cadillac, MI 49601
Phone (231) 775-9741 • Fax (231) 775-9333

Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Your clear understanding of our Financial Policy is important to our professional relationship. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- **Insurance.** We participate with Medicare, Blue Cross Blue Shield and several commercial insurance companies. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. **You will be asked to provide us with your insurance card(s) at each visit so that a copy can be made.** If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- **Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service.** This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
- **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- **Nonpayment.** If your account is over 60 days past due, a finance charge of 1.5% monthly or 18% annually will be applied to the outstanding balance. If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on an emergency basis.
- **Missed appointments.** Appointments that are not canceled at least one hour prior to the appointment will be considered a no show. Our office does not charge for missed appointments, however 3 no show appointments in a 12 month period could result in discharge from the practice. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date