OrthoMichigan Financial Policy

As a patient of OrthoMichigan, you are required to sign a financial responsibility and authorization for treatment form. This form applies to all OrthoMichigan lines of business including OrthoMichigan Now, and OrthoMichigan Therapy Services. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time.

Your understanding of our Financial Policy is important to our professional relationship.

PAYMENT RESPONSIBILTY: OrthoMichigan participates with a multitude of insurance plans. Please check with your insurance carrier to determine your deductible, co-pays and our participation status with your insurance carrier. It is your responsibility to ensure we participate with your health insurance company. You may be responsible for deductibles, co-pays, and any out-of-network costs.

FORMS OF PAYMENT: We accept Cash, Checks, and all major credit cards. A returned check fee of $35.00 per check returned from your bank for non-payment or insufficient funds is assessed to a patient's account.

"NO SHOW" FEES: A **$50** fee may be applied for any appointment not cancelled at least 48 hours in advance. Cancellation or "no show" fee for a surgical procedure is **$100**.

COPAYMENTS: Your insurance REQUIRES that we collect your designated co-pay **at the time of service**. Please be prepared to pay the co-pay at each visit. Without it, you may be required to reschedule.

REFERRALS: If your insurance plan requires a referral from your primary care physician it is **YOUR** responsibility to obtain the referral prior to your appointment and to have it with you at the time of the appointment.

AUTO/WORKERS COMP CASES: Patients **must** notify OrthoMichigan of the date of injury, claim #, insurance company address, phone #, and contact person's name prior to coming to the office. If you have written authorization from your auto/work comp carrier, we will submit bills accordingly. Patients are responsible for medical services related to auto/workers comp which are denied. If Auto/Workers Compensation is denied, and you have private health insurance, they may be billed. We will require, for this reason, your private insurance information. If neither Comp nor private insurance pays, you, the patient are responsible for payment.

ESTIMATED SURGICAL DEPOSITS: Should you decide or require surgery, you are responsible for any and ALL fees, such as co-pays, co-insurance, deductibles or out-of-pocket expenses for our surgeon's fee, which your insurance company makes you responsible for. **Our practice requires payment of these fees prior to your surgical procedure.** Our Billing Department will contact you with information pertaining to the amount you are responsible for. Please note; our fees are separate from the hospital or ambulatory surgical care center and the anesthesiologist. Additional questions should be directed to your insurance company. **Refusal to pay these fees can result in rescheduling or cancellation of your surgery.**

Out-of-Network/Self-Pay Patients: There is an upfront deposit required of $200 for out-of-network and self-pay patients. Additional charges may apply. Examples of additional charges would be x-rays, injections, braces, casts, splints, fracture reduction and the like. Please ask if you have any questions.

I have read and understand the Financial Polices of OrthoMichigan and agree to comply with this Financial Policy. In addition, OrthoMichigan has my permission to provide medical documentation in order to obtain reimbursement.

Patient Name	Date
Patient Signature (or Guardian)	Relationship to Patient

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