OrthoMichigan Financial Policy

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. 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 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. **Our practice requires payment of these fees prior to your surgical procedure.** 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 $250 for out-of-network and self-pay patients. Additional charges may apply. Examples of additional charges would be x-rays, injections, braces, casts, and splints. Please ask if you have any questions or would like a good faith estimate of today's charges.

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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