

West Michigan Endocrine 5060 Cascade Road, Suite C1 Grand Rapids, MI 49546 P: 616.255.9521 F: 616.255.9627 contact@westmichiganendocrine.com

Financial Policy

West Michigan Endocrine is committed to your health and wellbeing. Communication is key to this relationship and we want to make sure you know and understand our financial policies. If you have any questions, please contact us so that we can provide clarification.

INSURANCE

It is important that we have the most accurate and current insurance information prior to the service being provided. If you have a change of insurance, it is your responsibility to notify us of this change as soon as possible.

We participate in many insurance plans. However, even within the same insurance company there are many versions of coverage. It is your responsibility to fully understand your plan benefits and any health savings accounts you have. We will submit primary insurance claims for you. Our office cannot always tell you in advance whether or not each charge will be covered by your insurance plan. We are provided with an estimation of benefits, never a guarantee of payments. Should there be a dispute related to the service provided or the charge for that service, the settlement of that dispute is with your insurance carrier. Our office is not involved in the settlement of such disputes. The financial responsibility for the services provided to you is your responsibility.

PAYMENT OF SERVICES

As required by all insurance plans, your co-pay, co-insurance, deductible, and non-covered services are due at the time of each service. We accept cash, personal checks, and most major credit cards. If there are financial circumstances that preclude you from settling your account at the time of your visit, we are more than willing to work with you. We ask that you communicate this with our office manager prior to receiving services so that payment arrangements can be made.

Rarely, your insurance might not cover a service provided in our office. In this case, you can still choose to have the service provided in our office but we will ask you to sign a waiver stating that you understand that your insurance will not cover the service. In these cases, we would bill you directly for this service.

If you do not want us to bill your insurance, please let us know before the time of service.

APPOINTMENT CANCELLATION POLICY

If you do not show up for your appointment or cancel your appointment less than 24 hrs before the scheduled appointment time, you will incur a \$50.00 missed appointment fee. If you have an appointment and an ultrasound scheduled, you will incur a \$100.00 missed appointments fee.

REQUEST FOR MEDICAL RECORDS

We are happy to provide your first request for medical records at no charge. However, more than one request per year may necessitate a copying fee of \$25.00.

FORMS FOR WORK/INSURANCE/DISABILITY

You may drop off the form with clear instructions on what needs to be completed. You will incur a \$25.00 fee for completion of requested forms. You can expect a turnaround time of 2-3 business days for the completion of the forms, so plan accordingly. If you need to expedite the forms, a fee of \$50 will be incurred.

AFTER HOURS PHONE CALLS

After hour calls are for urgent issues only that cannot wait until the following business day. After hour calls that are determined to be non-urgent may result in a \$50.00 fee. After hours requests for prescription refills will result in a \$50.00 fee.

NON-PAYMENT POLICY AND OVERDUE ACCOUNTS

West Michigan Endocrine wants to always be here to care for you. We realize some times people experience financial difficulties. Communicating any hardships with us ensures uninterrupted medical care. It is important to discuss these issues and make financial arrangements with our office manager. We can set up payment plans. However, if you fail to inform us of hardships or fail to keep your financial commitment to us, we will enforce our non-payment policy.

Our non-payment policy is as follows. Patients with an outstanding balance 30 days past due must make arrangements for payment prior to scheduling. We will make attempts to contact you to settle your account with us. When your account is 90 days past due with no payment arrangements made, we will assume you no longer want to receive care with West Michigan Endocrine and this account will be forwarded to a collections agency. The patient will be responsible to reimburse West Michigan Endocrine for all costs, charges and fees associated with the collection of the amount due. This includes, but is not limited to, reasonable interest, legal cost in the event that a suit is filed and reasonable lawyer fees and/or reasonable collections agency fees. We will send a certified letter to you letting you know that, we will continue to provide emergency care for 30 days from the date of notice. Should you need non-emergent medical attention within those 30 days, you will be required to settle your account prior to the visit.