

Michigan – Wisconsin Family Practice Associates, P.C.

1711 S. Stephenson Ave., Suite 300, Iron Mountain, MI 49801

PAYMENT POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Please read it, and ask us any questions you may have.

Insurance. We participate in most insurance plans, including Medicare. 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.

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. We accept cash, check, Mastercard or Visa.

Noncovered services. Please be aware that some – and perhaps all – of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. You may want to verify with your insurance if a service is covered before receiving care.

Proof of insurance. All patients must present a current and valid insurance card to provide proof of insurance. We also will verify your current address and phone number. If you fail to provide us the correct information in a timely manner, you may be responsible for the balance of a claim.

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.

Uninsured. Payment is required at the time services are rendered. If you have financial hardship, we offer a Sliding Payment Scale with documentation required in order to be eligible.

Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Payment plans can be negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collections agency and you and your immediate family members may be discharged from this practice.

Returned checks. There is a \$20.00 service charge for any returned check. A second attempt to deposit the check will be made, but if this fails you will be required to pay cash.

Missed appointments. Cancellation of appointment is requested twenty-four hours prior to appointments. We reserve the right to charge for missed appointments. Excessive abuse of scheduled appointments may result in discharge from this practice.

Divorce. The parent who brings the child to the office will be responsible for payment. If any remaining balance is due, we will bill the address on file.

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 reading our payment policy. Please let us know if you have any questions or concerns.