



Family Practice of Cadillac, P.C. Financial Policy

Thank you for choosing Family Practice of Cadillac as your health 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 understand that payment for services is part of that relationship. Please ask if you have questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

Missed Appointments. We value the time you have scheduled with us to treat you. It is important to understand that if you do not come to your appointment, it is time that could be spent treating other patients. 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.

Insurance. We participate with Medicare, Blue Cross Blue Shield and several other commercial insurances plans. 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.

If we are your primary care physician, be sure that your insurance company has Family Practice of Cadillac or one of our physician's names on file. If we are not listed as your "primary care provider", your insurance may charge a higher copay.

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 placed in your record.** 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 check-in. We accept cash, check, credit card and health savings account cards. For your convenience we offer online payments that can be made before your arrival to your appointment.

Claims submission. Your insurance is a contract between you and your insurance company; we are not party to that contract. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. 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.

Nonpayment. If you do not pay your bill, or make monthly payment arrangements with our office, your account will become past due after 30 days. Once your account is past due, patient accounts will attempt to contact you by phone to collect payment. If patient accounts are unable to reach you by phone, a final notice letter stating that you have 10 days to pay your account in full will be mailed. 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 mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will be able to treat you on an emergency basis only.

Returned Checks. We charge \$35.00 for checks returned unpaid. In the event that your check is returned unpaid, you will be contacted and payment for the unpaid check and the check return fee will be expected within 10 days by cash or credit card. You may also lose your privilege to write checks in the future.

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. Please let us know if you have any questions or concerns.