

OFFICE AND FINANCIAL POLICY

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. For your convenience, we have answered a variety of commonly asked questions below. If you need further information about any of these policies, please ask to speak with Diane (our Office Manager).

1. Why must I fill out a patient information form when none of my information has changed?

We strive to manage your records with the utmost accuracy, and the requirement of the information form is a tool to assist in its correctness.

Insurance contracts also state that all information must be updated and submitted with your claim in order to be processed for payment.

Our office policy is to have a good relationship with our patients which is based on understanding and open communication. It is imperative that we have correct phone numbers and addresses for us to be able to contact you. It is also important that we know your wishes as to how you would like us to contact you.

2. Will I need to show my insurance card every visit?

Insurance plans and benefits are constantly changing. We must be notified at the time of your visit of any changes in your insurance plan. Our staff will ask to make a copy of your insurance card(s) for your record.

3. Will I be charged for services at the time of my visit?

Yes. If you do not have medical insurance, we will collect payment in full at the time of your visit. If you do have medical insurance and the services are covered, we will collect co-pays and deductibles at the time of service. Your claim will be submitted to your insurance company in a timely manner. Any balances unpaid by the insurance will be billed to you, and payment in full must be made within 30 days unless other payment arrangements have been made.

4. How can I pay my bill?

We accept payments by cash, check, VISA, Discover, or MasterCard. For your convenience, we can also take credit card payments over the phone. There will be a charge for returned checks. Other payment plans or options may be available upon completion of a financial statement analysis. Please contact the Billing Specialist during normal business hours for further information.

5. When is my account delinquent?

An account is considered past due 30 days after the billing date unless other arrangements have been made. Delinquent accounts may be forwarded to our collection agency and will have a service fee / billing fee added. Patient discharge from the practice will occur on unpaid balances.

6. Legal fees, collection costs, and patient discharge from practice:

You agree to pay all costs and attorney fees we incur in collecting any past-due balance, whether through a collection agency or by court proceedings. Patient discharge from the practice will occur on unpaid balances.

7. What is my financial responsibility for services?

You have ultimate financial responsibility for payment of all fees for services furnished to you by our office. Any medical insurance you may have is a contract between you and your insurance company or plan. You should consult with your insurance company or plan regarding your specific coverage and benefits.

For most insurances, if the services provided are a covered benefit and we have received correct and accurate information from you, we will submit a claim to your insurance company on your behalf as a courtesy to you. If we have not received correct and accurate information, or if the services provided are not a covered benefit, you will be required to personally pay in full on the date of service and then submit a paid receipt and claim form to your insurance company for reimbursement. (See Question #9 for information regarding payment for Out-of-Network Services).

Even if the services provided are a covered benefit and we submit an insurance claim on your behalf, we are required by your insurance company to collect all co-pays and deductibles from you at the time of service. Your insurance contract requires you to pay those co-pays and deductibles, and your failure to do so may result in penalties up to, and including, loss of your insurance coverage.

8. What is "Assignment of Benefits"?

You will be asked to sign the attached "Assignment of Benefits" form. This allows your insurance company to make payments directly to the Doctor.

9. How is my insurance handled?

The below chart is only a general summary of how payment is allocated and is subject to change. The comments regarding insurance assume that your services are a covered benefit under your insurance. If the services are not a covered benefit, payment will be handled as if there were no insurance. When in doubt, please ask for specific guidance regarding your particular circumstances.

If you have....	You are responsible for...	Our staff will...
Commercial insurance - also known as indemnity, "regular" insurance, or "80%/20% coverage".	Payment in full for all office visits, x-rays, injections, and other charges at the time of service.	File an insurance claim as a courtesy to you.

<p>HMO & PPO plans with which we have a contract and are "In-Network"</p>	<p>If the services received ARE covered by the plan: all co-pays and deductibles will be collected at the time of service.</p> <p>If the services received are NOT covered by the plan: Payment in full will be collected at the time of service.</p>	<p>File an insurance claim as a courtesy to you.</p>
<p>HMO plans for which we do NOT have a contract, or for which we are "Out of Network"</p>	<p>Payment in full for all office visits, x-rays, injections, and all other charges at the time of service.</p>	<p>Provide the necessary information to you so that you may complete and file your claim directly with your insurance company.</p>
<p>Point of Service Plan or "Out of Network PPO"</p>	<p>Payment in full of all co-pays, deductibles and charges for non-covered services at the time of service.</p>	<p>File an insurance claim on your behalf.</p>
<p>Medicare Only</p>	<p>If you have regular Medicare and have not met your annual deductible, we ask that it be paid at time of service.</p> <p>If you have met your deductible, payment of your 20% co-pay is requested at the time of the visit.</p>	<p>File the claim on your behalf, as well as any claims to your secondary insurance.</p>
<p>Medicare Primary with a "Medigap Secondary"</p>	<p>If you have regular Medicare and have not met your annual deductible, we ask that it be paid at the time of service.</p> <p>**If your secondary insurance DOES pay the 20% co-pay, no other charges will be collected.</p> <p>**If your secondary insurance does NOT pay the 20% co-pay, we will collect it at the time of service.</p>	
<p>Workers Compensation - Michigan</p>	<p>If we have verified your claim with your carrier, no payment is necessary at the time of service.</p> <p>If we are <u>unable</u> to verify your claim, payment in full will be collected at the time of service.</p>	<p>Call ahead of time to verify the accident date, claim number, primary care physicians, employer information, and referral procedures.</p>

Workers Compensation - Out of State	Payment in full is required at the time of service.	Provide you a receipt of paid in full so that you may submit a claim directly to your carrier.
Occupational Injury	Payment in full is required at the time of service.	Provide you a receipt for your payment so that you may submit a claim directly to your carrier.
No Insurance	Payment in full is required at the time of service.	Work with you to settle your account. Please ask to speak with the Billing Specialist if you need assistance.

10. I need to see the Doctor, now what?

Please call during normal business hours to schedule an appointment with the doctor. Emergency and urgent appointments will be given priority. Please allow 2-3 weeks for complete physical appointments. We strive to see patients promptly on scheduled appointment times; therefore, walk-in appointments are not permitted.

11. Do I need an appointment for blood work or testing?

Yes. We do require an appointment be made for all services. Please call the office during normal business hours.

12. What happens if I miss my appointment?

We would appreciate your help and the courtesy of a telephone call if you are unable to keep an appointment. Please notify our office at least twenty-four (24) hours prior to the appointment time. We reserve the right to charge you a missed appointment fee of \$75. Three (3) non-cancelled missed appointments are grounds for patient discharge.

13. What if my child needs to see the physician?

Your child must be at least 16 years of age. A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult (who consents to the treatment) is responsible for payment of the account, according to the policy outlined on the previous pages. This is the case regardless of any pending separation or divorce.

14. Phone calls to Doctors:

Please call our office if you are having any type of non-emergency problem. A message will be given to Dr. Godoshian, and he will decide if it will be necessary for you to be seen, or if the problem can be handled over the phone. If you need to contact the doctor's answering service, please call (248) 353-0882 press 7 and leave a message for the doctor on call to contact you.

15. Emergencies and Non-Emergencies:

If you need emergency care when the office is closed, please call 911 or go to the nearest hospital emergency room. For non-emergencies, please seek treatment at the closest Urgent Care. Make sure they participate with your insurance plan.

16. How do I have my medications refilled?

Our policy is for the patient to notify us with the name of the medication, dosage, pharmacy name, and pharmacy phone number. Requests are usually handled within 48 business hours. Processing times may vary depending on the availability of your doctor, who for your safety, must review and authorize each request prior to completion. Please remember that mail order prescriptions take approximately 2 weeks to process your order. Our office does not have the ability to speed up this time. To avoid any delays in receiving your medication, please call the office when you have a 3-week supply left.

17. Will someone at the office contact me regarding my test results?

Patients will be called with the results of certain tests, typically within one week after the test is performed. If you are interested in finding out your test results, please call the office one week after the test has been performed. If you would like results forwarded to you or another physician, please notify the front desk receptionist in person of the telephone number, fax number, and address of each individual to whom the results should be forwarded.