



FINANCIAL POLICY

We are committed to providing the best possible care and appreciate your help in understanding our financial policy. If at any time you have questions, please contact our billing office at 616-396-2339.

Insurance

Health insurance is a contract between you and your insurance company. As a courtesy to you, we will file your insurance claims for you, but we must have correct and current insurance information on file. Please bring your insurance card(s) with you to each visit. You will be responsible for the payment of all services if your insurance does not pay in a timely manner or denies payment for any reason. It is your responsibility to contact your insurance company to obtain any prior authorization or information regarding co-pays, deductibles, etc.

Co-pays and Account Balances are required to be paid at the time of service. If you are unable to pay your co-pay at time of service, you may be asked to reschedule your appointment. Partial payments on outstanding balances are allowed if you set up a payment plan.

Collection Balances are required to be paid at time of service. Partial payments are allowed if you set up a payment plan. If the patient has been previously placed in collections, prepayment of services may be required.

You will not be seen without making a payment on a collection balance.

Elective Surgery Pre-Payment

For all elective surgical procedures, payment for services not covered by insurance will be collected in advance of procedure. A financial coordinator will research your insurance benefits to calculate an estimated cost for surgery. We will collect 20% of your estimated out of pocket cost at the time of scheduling. One week prior to the date of surgery we will collect the remaining balance after re-examining your insurance benefits for accuracy.

Self-Pay

Payment for patients without insurance is required at time of service. If other arrangements need to be made, please contact our billing office.

Workers' Compensation

If you are requesting treatment for a work-related injury, you must obtain *prior* approval from your employer or workers' compensation carrier. You will be asked to fill out a separate Workers' Compensation form, so please come with correct employer and claim information. If there is a dispute filed on your claim, or payment is refused for any reason, you will be responsible for all charges.

Financially Responsible Party

If a minor is brought in for treatment, the adult accompanying that child will become the Financially Responsible Party for all charges related to that service.

Global Period

When we bill for a surgery, office care of a fracture or other procedure, that fee not only includes the service on the day it is performed but includes routine follow-up care as well. The global period ranges from 10-90 days depending on the procedure. X-rays and supplies (such as casting applications, materials, splints, etc.) are NOT included in the global fee and a charge will be made for these items. Services related to complications or services not related to the initial charge are NOT included in the global fee.

Disability/FMLA Forms

Our office will be happy to complete your disability/FMLA forms within 5 business days of receipt. The fee is \$15 for one form, \$25 for 2+ forms, and must be paid in advance of the completion of the form(s).

Returned Checks

If we receive a returned check for insufficient funds, we will add a \$25 charge to your account and will require payment of the total amount due prior to any up-coming appointments.

This policy may be amended by the practice at any time without notification to the patient.