

ANN ARBOR ENDOCRINOLOGY AND DIABETES ASSOCIATES, P.C.

FINANCIAL POLICY (revised 07.19.2018)

Thank you for choosing Ann Arbor Endocrinology as your health care provider. The following is a statement of our policy that outlines patient and practice financial responsibilities.

1. It is your responsibility to provide us with correct insurance information at the time of your appointment. If you are a new patient to us, and do not have your **insurance card and photo ID**, we cannot verify your identity, we will have to reschedule your appointment. As a service to you, we will file a claim to your **primary** and **secondary** insurance **ONLY**. We do not file tertiary claims. Your insurance is a contract between you and your insurance company, we are not part of that contract, and we cannot guarantee payment of your claims. If your insurance pays only portion of your claim, or rejects entirely, you must follow up with them as any explanation should be made to you, their policy holder.
2. **Co-payments** and all outstanding balances are due at the time of check-in. We accept cash, check, money order, credit cards, HSA debit cards.
3. Additional balances due, if applicable, will be billed to you after insurance carrier has processed the claim. You will have **30 days** to pay balance **in full** unless other arrangement has been made with our office. We do offer payments on line through secure patient portal www.annarborendo.com. After 60 days, delinquent accounts will be forwarded to collection agency and \$10.00 fee will be added to your balance to recover our cost for collection. A \$30.00 fee will be charged for any NSF checks. **Unpaid balances may result in inability to schedule a follow up appointment.**
4. Some health plans may require a referral to be seen by our doctors. You, **not our office**, are responsible for obtaining an insurance referral from your Primary Care Physician prior to your visit. Patients without proper referral who elect to receive service from the office will be required to make payment in full at the time of service.
5. In the event you are unable to keep your appointment we request, at minimum, a **24-hour notice**. We reserve the right to dismiss any patient that has accumulated two or more missed or late cancelled appointments. You will be notified in writing of such termination. Our physician will continue to serve you for 30 days (unless otherwise specified) allowing you and your referring doctor to make alternative arrangements for your care. If you are more than 15 minutes late to your scheduled visit we will have to reschedule your appointment.
6. Ann Arbor Endocrinology is a part of Patient Centered Medical Home (PPP). We are committed to providing you with the best care possible to reach your goals and improve your overall health through timely, appropriate, and coordinated care. If you are not satisfied with your current provider we will not switch within this office. We will be happy to forward your records to any endocrinologist you choose outside this practice.

By signing below, I acknowledge that I have read and understand the information presented above and agree to be fully responsible for any and all charges rendered and not covered by my insurance plan.

I acknowledge receiving a copy of PPP brochure.

Print Name _____ Signature _____ Date _____