



PrimeCare of Novi

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Novi, MI 48375
(248) 426-7200

"Modern Medicine; Old-Fashioned Care"

Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. While we are in the business of caring, we clearly must be fiscally responsible in order to continue that mission. Please read this Payment Policy carefully as it defines our mutual rights and responsibilities. Please also ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. 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, but we understand how confusing it can be and are here to assist you if needed. Please contact your insurance company with any specific questions you may have regarding your coverage.

2. Co-payments, balances and deductibles. All co-payments, deductibles and outstanding patient balances must be paid at check-in on the day 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 uphold the law by paying your co-payment at each visit.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. Any services not covered by your insurance will become your responsibility.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current insurance to provide proof of that insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim.

5. 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.

6. Coverage changes. If your insurance or demographic changes, please notify us before your next visit so we can make those changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will automatically be billed to you.

7. 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. A finance charge of 1.5% will be applied to any balances over 90 days past due and will accrue until balance is paid in full. 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 regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis and paid in cash.

8. Missed appointments. Our policy is to charge established patients \$25.00 for confirmed but missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

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.

I have read and understand the payment policy and agree to abide by its guidelines: