



Bay Area Family Physicians, P.C.

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FINANCIAL POLICY

Thank you for choosing our office. As your primary physicians, we are committed to providing you with quality care. In order to reduce confusion and misunderstanding we have adopted the following financial policy.

Basic Financial Policies:

1. Payment is due at the time of service unless other arrangements have been approved in advance.
2. We accept cash, personal checks, Visa and MasterCard.
3. Services rendered for dependent children are to be paid by the parent who brings the child to the office for treatment, regardless of marital or divorce status.
4. Appointments not cancelled more than 24 hours in advance will be charged a \$25.00 fee.

Insurance Policies

1. Your insurance policy is a contract between you and your insurance company. As a courtesy we will file your insurance claim for you. If your insurance company does not pay the practice within sixty (60) days from the date of service we will have to look to you for payment in full. If you cannot pay your balance in full, we will be happy to set up a payment plan with you.
2. Our office participates with many insurance companies. We will bill those plans which we have an agreement and only require you to pay the office visit copay at the time of service.
3. If you have insurance coverage with a plan that we do not participate with, we will prepare and send the claim for you. However, payment is expected at the time of service.
4. All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "NOT COVERED", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
5. If you receive payment from your insurance carrier when the payment should have come directly to our office, you are to bring the check and explanation of benefits (or attached paperwork) into this office. Failure to do so will result in collection action.
6. All co-pays are expected at the time of service. An additional charge of \$25.00 will be applied to your account if payment is not received to cover the costs of sending out statements.
7. A charge will be applied for the completion of all forms. Charge is based on the complexity and length of the form.
8. Services provided in the office during regularly scheduled evening, weekend or holiday office hours will occur a charge in addition to the basic service.

Patient Signature (or guardian)

Date

Patient Printed Name

Patient Date of Birth