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FINANCIAL POLICY

WELCOME

Thank you for choosing MIND as your healthcare provider. We are committed to providing you with the best possible medical care. Accordingly, we have developed financial policies that we believe are transparent, fair and patient-friendly. Your clear understanding of our Practice financial policy is important to our professional relationship. Payment of your bill is considered part of your overall treatment. Key components of our financial policies are outlined below.

FEES AND PAYMENTS

Fees are standard and based on the complexity of your visit. While, filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Your insurance is a contract between you, your employer and the insurance company, and we are not party to that contract. Before your visit, contact your insurance company to verify that we are participants in your plan, and that the services you intend to receive are covered. Insurance companies select certain services that they will not cover; therefore we can't guarantee payment of all claims by your insurance company. Reduction or rejection of your claim does not relieve you of your financial responsibility.

In order for us to file a claim, you must present a CURRENT copy of your insurance card at each visit and communicate any changes in your personal information. It is our policy that you bring your driver's license or picture ID to each appointment. Insurance premiums must be paid prior to the visit. We will verify your coverage at each visit. If we are unable to verify coverage, you will be considered self-pay and will be responsible for your visit. Insurance co-payments are due at the time of service. If you need assistance in determining out of pocket expenses, our Billing Department can assist you. Payment in full for any outstanding balance is required at the time of your visit and can be made with cash, personal check, money order, Visa, or MasterCard.

For children under 18, the parent/guardian bringing the child to the appointment will be financially responsible for any outstanding balance. A divorce decree or other financial arrangement between two parties does not determine who MIND bills for services. We realize that temporary financial problems may affect payment to your account. If problems do arise, please contact our Billing Department at (248) 553-0010 Option 5.

SELF-PAY

In order to address the needs of our patients without insurance and patients with coverage limitations, we offer a 40% discount off our standard fees. In order to qualify, payment needs to be made IN FULL prior to or on completion of your visit or procedure. Any current remaining balance is not eligible for a discount. This discount applies to all medical services provided and is offered only at time of service.

PAST DUE BALANCES AND COLLECTIONS

If you have a past due balance on your account, you may be reminded of this when calling to make an appointment. You will be asked to make the arrangements for payment with a member of our billing department. Past due accounts greater than 60 days are subject to third party action and potential discharge from the Practice. If you need special payment arrangements, we are pleased to offer auto-pay technology will deduct scheduled payments from your credit card or checking account. Please contact our Billing Department at (248) 553-0010 Option 5 to discuss the terms for these arrangements.

Our collection policies are fair but firm. We will never deny access to necessary medical services for our patients due to financial issues; however, patients may be discharged from the Practice due to non-payment for medical services received. If a patient is discharged from the Practice for financial reasons, we will give 30 day notice and provide emergency care during the notification process.



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LATE ARRIVALS

A patient who arrives more than 15 minutes after his/her appointment is considered a late arrival. A late arrival, not considered to be the responsibility of the Practice, will be registered and worked into the schedule as soon as possible. If the patient is more than 30 minutes late, the appointment may be rescheduled.

APPOINTMENT NO-SHOW

Any patient who fails to arrive for a scheduled appointment without cancelling the appointment at least 24 hours prior to the scheduled time is considered a "no-show". A no-show patient may be charged \$50.00, as set by the Practice, for failure to show. A patient who fails to present themselves two times for scheduled appointments is considered a chronic no-show. A patient who is a no-show three times may be dismissed from the Practice.

FAMILY MEDICAL LEAVE ACT (FMLA), DISABILITY AND MISCELLANENOUS PAPERWORK

Forms requiring additional information take considerable time for the staff to complete. We are happy to complete these forms for you; however there is a 5-7 business day turnaround. The charge amount for these forms vary based on the type of form requested, and can vary from \$10.00 to \$50.00. Payment in full is required at the time the form is picked up and can be made with cash, Visa, or MasterCard (no personal checks will be accepted).

MEDICAL RECORDS

As always, if a collaborating physician (primary care or specialist) requests portions of your record to assist in your care, there is no charge. If you would like a copy of your records sent to you or another physician, we charge a per page charge, payable in advance. This per page fee policy is available upon request. You can also use our patient portal to download your medical records free of any charges. Contact our office to request access to our patient portal.



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ATTESTATION

By my signature below, I attest that I have read the financial policies associated with this office and agree to comply with these policies.

Signature: _____

Date: _____

Print Name: _____