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Payment reimbursement for medical care provides unique challenges for physicians and other health care professionals. There are many insurance companies that provide varying degrees of coverage. It is no longer an easy task to interpret each insurance policy. Although we try to stay aware of the differences in policies it is not always possible. **IT IS YOUR RESPONSIBILITY TO BE AWARE OF YOUR OWN INDIVIDUAL INSURANCE PLAN AND THE BENEFITS PROVIDED.** Please remember that benefit plans are between the patient and the insurance company, **NOT** between the physician and the insurance company. Please have your current and appropriate insurance card at your visits along with any changes in your demographic information. Precision Orthopedics PC is **NOT** contracted with any insurance plans purchased on "The Market Place" web-site also known as "ObamaCare." If you currently carry or have recently purchased **ANY** insurance plans offered under The Affordable Care Act **PLEASE** notify the office immediately to avoid any out of pocket expenses you will incur.

**Payments, deductibles and co-pays are due at the time of service.** We will obtain your insurance benefits directly from your insurance company and inform you of your out of pocket expense. Allowable forms of payment are cash, check, Visa and MasterCard. We reserve the right to charge an additional \$5.00 fee for statements and transactions. All patient balances that are 90-120 days past due will be reviewed for collection unless payment arrangements have been made and kept current. Once your account is turned over to collection you are responsible for any additional fees incurred regarding any change made to the account status. In the event your insurance company processes any of the claims differently than how we were quoted-we will refund you any unused portion of monies you paid that was left unapplied on your account. Please note that all refunds will be processed after all claims have been finalized and the patient balance is "zero" and **it can take approximately 45 to 90 days after all claims are finalized for you to receive the refund check.**

Master Medical Blue Cross states payment is expected at time of service and your insurance company will reimburse you. HMO patients are required to bring the necessary referral/authorization from their primary care physician before the service is rendered. If there is no referral payment is required at the time of the service.

Please let the office know if you have questions or concerns regarding this financial policy.

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#### **Authorization to Release Information/Pay Benefits Directly to Precision Orthopedics**

I authorize Precision Orthopedics to RELEASE information contained in my medical records, including Human Immunodeficiency Virus (HIV) Acquired Immunodeficiency Syndrome (AIDS) and AIDS related complex (ARC), if any, including communication made to a social worker or psychologists, to: any third party payer, insurance agencies or carriers which are responsible in whole or in part for paying for the purpose of facilitating continuing care and treatment.

I assign and **authorize direct payment** of all health care benefits and other forms of payment of any kind which relate to the care provided to me by Precision Orthopedics/Hospital/Staff for application to my bill.

I understand by this signing this agreement that I understand and assume **full financial responsibility** for payment of all expenses associated with my care and treatment, including any portion of hospital or physician charges not paid or covered by the insurance (except as excluded by participating agreement), workers' compensation and social agencies.

Patient/Insured/Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Last update 7/25/16 - LM