



### Financial Policy

Welcome to St. Clair Specialty Physicians, PC. In order for us to deliver quality care, we have established the following financial policy. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have any change of personal information, please notify the receptionist.
3. Payment of your deductible, co-payment, or any charge for non-covered services is required at the time of your visit. If you have a balance after an insurance payment from a previous service, we will expect payment for that service as well. You will be assessed a \$10.00 Late Payment Fee if payment is not rendered at time of service or not received by the office within 7 days after date of service. We accept cash, check, Visa, Master Card, and Discover.
4. Returned checks will incur a \$30.00 processing fee.
5. Understand that, to the extent permitted by law, you are responsible for any costs not covered under your insurance plan. Three statements will be sent to you. Accounts not paid at that time will be referred to a collection agency.
6. If you choose to have an out of network physician provide services, you will be responsible for all charges.
7. **MEDICARE PATIENTS:** We are participating providers with Medicare and will bill Medicare for all covered charges. If applicable, your supplemental insurance will also be billed for you. If you do not have supplemental insurance, you will be billed according to Medicare guidelines. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
8. **COMMERCIAL PLANS:** If we participate with your plan we will bill your insurance for you. Your co-payment will be collected at the time of service. If your health plan requires you to have an authorization to see a specialist, you will need to obtain that from your primary care physician's office prior to seeing the specialist. If your referral is not processed 24 hours prior to your appointment, the visit will be cancelled unless the visit is emergent. No retroactive referral can be obtained. If we do not participate with your insurance plan, we will expect payment at the time of service. If we have not received your referral and you choose to be treated, you will be responsible for all charges incurred for all services rendered.
9. **SELF-PAY PATIENTS:** Patients with no insurance will be expected to pay in full at the time of service. A 25% Prompt Payment Discount will be applied to all charges paid in full at time of service. If you will not be able to pay in full at time of service, you must contact our billing department to make payment arrangements or assistance in obtaining financial aid.
10. Due to the financial impact to the office, all patients are expected to arrive at their scheduled appointment time. New patients are to arrive 15 minutes prior to their scheduled appointment time. The office would appreciate a call if an appointment needs to be cancelled. When possible, please give the office a 24 hour cancellation notice.

Please remember whether you do or do not have insurance, you are responsible for payment of your incurred charges. If you have any questions regarding our financial policy, please contact our billing department at (586) 247-4300.

Patient or Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_