

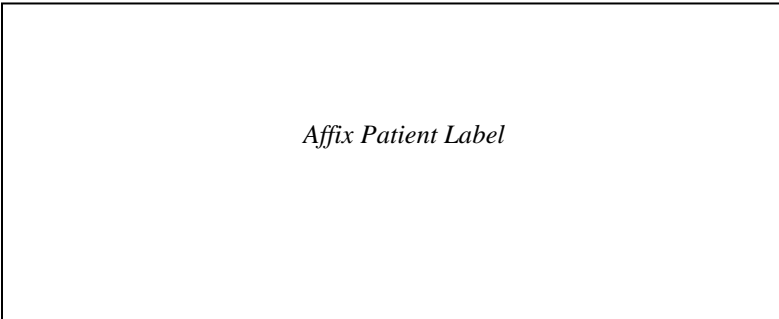


Patient Name: _____ DOB: _____

I. 01 Bronson Physician Practices Financial Policy

We are committed to providing you with the best possible medical care. If you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with a variety of insurance plans. If you are a member of one of these plans, our business office will submit a claim for services. If you have insurance for which we are not a contracted provider, we will bill the insurance as a courtesy. You must assign benefits to the practice so that payment will come directly to the practice. It is your responsibility to:
 - Provide us with current insurance and billing information including your Social Security Number, and bring your insurance card to each visit.
 - Be prepared to pay your co-pay at each visit.
 - Pay any balance not covered by your insurance plan including co-pays and deductibles.
- Patients with outstanding balances will receive monthly statements. The statements will indicate what, if any, of the outstanding balance is patient responsibility and what is pending insurance payment. Payment of outstanding patient balances is expected within 30 days of receipt of statement. Patient balances over 90 days will be sent to a collection agency.
- You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending a text message or e-mail, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.
- **Payment for professional services can be made with cash, check or credit card. You may be billed separately for lab, x-ray, pathology and other hospital services. A charge of \$25.00 will be assessed for all returned checks and patients will be expected to pay this charge by credit card, money order or in cash upon receipt of a statement.**
- Specialist Authorizations: It is your responsibility to ensure that any **required authorizations** for treatment are provided to the practice **prior to the visit**. If you do not have the authorization, your visit may be rescheduled, or you may be financially responsible.
- Primary Care Authorizations: If your primary care physician is not a Bronson Medical Group physician, **you are responsible** for obtaining any required authorizations from your PCP or health plan for treatment *prior to the visit*. *If you do not have the authorization, you may be financially responsible.*



Affix Patient Label

Patient Name: _____ DOB: _____

- **Workers Compensation:** If your claim has been accepted and services approved, your claim will be handled directly with your Workers Compensation carrier and no charges will be incurred by you. Your recovery and return to work takes a partnership with you, your case manager and us. If your claim is denied, charges become your responsibility.
- If the patient is a minor (18 years and younger), the parent or guardian must sign below. The parents, guardian or unaccompanied minor is responsible for any payment due at the time of service, bringing the necessary authorization and insurance card.
- Some services, such as preventive services and ancillary care team services, may not be a covered benefit under your insurance plan or under Medicare benefit guidelines. It is your responsibility to pay any balance not covered by your insurance plan.
- Some office procedures, medications, or services provided may be billed in addition to the office visit.
- If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card).
- We reserve the right to charge \$25.00 for a cancellation within 24 hours of your appointment or failure to appear at your scheduled appointment time.
- Your bill may be amended if errors in billing are found.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Questions about financial arrangements and available payment plans should be directed to the physician's office. We are here to help you.

Assignment

I authorize release to any third party payor such as an insurance company or governmental agency any medical information contained in my records when such material is required in connection with determining a claim for payment, and hereby assign all payments for medical services for myself and/or dependent to Bronson. I agree to pay for any charges not covered by my insurance.

Signature of Responsible Party

Patient's Date of Birth

Date

Revised 4/07, 4/09, 11/09, 04/10, 10/11, 4/15, 5/17