

# Mid- MICHIGAN PODIATRY, P.C.

## OFFICE POLICY FOR INSURANCE AND FINANCIAL ARRANGEMENTS

At Mid-Michigan Podiatry we are committed to providing you with the best possible care. In order to achieve this goal we need your assistance, and your understanding of our payment policy. We ask that all patients read and understand this policy.

Patients are responsible for any co-payments or services not covered by their insurance at the time of their appointment. If we do not participate with your insurance company; we will gladly submit claims for you, however you are ultimately responsible for any non-covered services. **Patients that do not have insurance coverage will be responsible for payment in full for services at the time of their appointment, unless arrangements have been made prior to their appointment time.**

**We participate with the following insurances, but are not limited to: Medicare, PHP, Blue Care Network, Aetna PPO, Blue Cross Preferred Plus, Blue Cross Blue Shield of Michigan, Blue Cross Community Blue, Blue Choice, McLaren Health Plan, Blue Mid-Michigan, Choice Net, Open Choice, SPHN, Ingham Health Plan, PPOM, M-Care, and United Health Care.**

Patients with the following insurances are still required to obtain a referral/authorization from their primary care physician and **bring** it with them to their appointment: **Aetna PPO**, Mid Michigan Health Plan, Blue Choice, McLaren Health Plan, BCN (PCP Owosso Memorial only) and Ingham Health Plan. *If we do not have the referral at the time of service, we will not be able to see the patient and will have to reschedule their appointment.*

**We must emphasize that as Podiatric care providers, our relationship is with you, not your insurance company.** While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account and if such problems do arise we encourage you to contact us promptly.

The following charges are strictly patient responsibility and will not be submitted to insurance as they are not covered benefits: Returned checks will be assessed a \$25.00 fee. Balances older than 30 days may also be subject to additional collection fees, and interest charges of 1.5% per month. We also reserve the right to charge the cost of a routine office visit (\$55.00) for the cancellation of an appointment without 24 hours advanced notice, or for no-show appointments. The purchase of products, including inserts, bandages, pads, foot creams, custom shoes (except Diabetic shoes for Diabetic patients), orthotics (not covered by insurance), foot spray, refurbishing of orthotics. Products purchased must be paid for in full at the time of delivery.