

## **OAKLAND FAMILY PRACTICE**

*Michigan Healthcare Professionals, P.C.*

1385 E. 12 Mile Road Suite 100

Madison Heights, Michigan 48071

(248) 399-6090

### **OFFICE / PAYMENT POLICY**

Our practice is committed to providing the best treatment to our patients. Your clear understanding of our office/payment policy is important to our professional relationship.

- All patients must complete our "PATIENT INFORMATION" form before the appointment with any provider.
- All patients must provide photo ID and Insurance Cards to the receptionist.
- We accept cash, checks, and most credit cards.

#### **MINOR ACCOMPANIED BY AN ADULT / GUARDIAN**

- The adult accompanying a minor is responsible for payment at the time of service.
- Minors accompanied by an individual other than a parent must show proof of guardianship at the time of registration.

#### **APPOINTMENTS**

- Our office will contact you via text, email or phone call for appointment reminders.
- Please call our office 24 hours in advance, if you are unable to keep a scheduled appointment.
- Failing to keep any appointment may result in a "no-show" or "missed appointment" fee of \$50.00.

#### **REFERRAL POLICY**

- The physicians of Oakland Family Practice are Providers of various Hospitals.
- When scheduling a test or specialty appointment that requires a referral, please allow at least 3-5 days for the referral to be processed.

#### **REGARDING INSURANCE / PAYMENT POLICY**

- We participate with most insurance plans including Medicare. If you have insurance our contracted billing service will help you receive maximum benefits. Please be aware that the balance of your claim is your responsibility. Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonably necessary. It is your responsibility to know your benefit coverage, and these fees are your responsibility.
- Co-Payments and deductibles MUST be paid at the time of service prior to seeing the physician.
- Any account that is 90 days old PAST DUE is to be paid in full within ten days of its due date. Partial payments will only be accepted if negotiated prior to account being defaulted.
- Unpaid balances will be referred to a collection agency and may result in your future visits and care at our facility.

#### **INSURANCE / MEDICARE LIFETIME AUTHORIZATION AGREEMENT**

I request that payment of benefits be made to this provider on my behalf. I authorize release of any information acquired in the course of my examination and treatment to the insurance company(ies) provided for claims processing. I further authorize the insurance company(ies) to pay the benefits due directly to Oakland Family Practice, a *Division of Michigan Healthcare Professionals, P.C.* I understand that I am responsible for all charges incurred that my insurance company will not cover.

**I have read and understand the office / payment policy and agree to abide by its guidelines:**

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Signature of patient or responsible party

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Date