



Financial Policy

Thank you for choosing us as your primary care provider. Your care is a partnership between yourself and your provider, and we are committed to providing you with quality and affordable health care. Please read below, ask any questions you may have, and the Front Desk Receptionist will have you sign an acknowledgement at your initial visit.

Help Us to Help You:

- Check your insurance policy to see if you have coverage for preventative or wellness visits.
- Please present insurance cards at every visit, including lab visits.
- Please inform us of changes in insurance, address, phone number and marital status.
- Insurance, demographic changes, and payments can also be made on our secure **Patient Portal**. The **Patient Portal** will require a username and password. Our receptionist will assist in setting this up with you.

Laboratory Billing

- If you have laboratory work drawn in our office lab, we will bill your insurance company.
- The lab balance for that visit is usually not included in the balance when you check out.
- Some lab work is sent to Munson Medical Center for processing, and you may receive a bill from them.
- Some lab work is further sent to Mayo Laboratories, and you may receive a bill from them.

Payment:

- **Payment is due at the time of service.**
- We accept cash, checks, money orders, and most major credit cards.
- Our billing office will work with you to set up a payment plan, if needed.
- We charge \$35 for checks returned due to insufficient funds or closed accounts.
- We reserve the right to charge a fee on unpaid balances.
- We reserve the right to charge a missed appointment fee.
- We reserve the right to charge for items mailed to you.

**** Please do not ask us to change our billing due to a denial from your insurance; we will not change CPT or Diagnosis codes. Making changes to billing after it has been submitted to insurance may be considered fraud. ****



Grand Traverse Internal and Family Medicine, P.C.

Non-Covered Services:

- Please be aware that some – and perhaps all – of the service you receive may be non-covered or not considered reasonable or necessary by your insurance company. The provider's decision to order tests, x-rays, labs, and any other medical services is based on your health care needs, not your insurance coverage. It is your responsibility to know your insurance coverage before any services are rendered.

No Insurance Coverage:

Visits must be paid for at the time of service. A discount will apply.

Medicare:

- If you have coverage under Medicare Part B, we will submit the claim to Medicare on your behalf.
- You are responsible for co-pays and non-covered services.

Priority Health, BCBS, BCN, Aetna, Humana, United Health Care, Cigna, HAP, ASR

- Contact your insurance carrier to find out the amount of your deductible, co-payment, co-insurance, and coverage prior to your visit, *as that amount is due at the time of service*.
- Your co-payment is due at the time of service.

Tricare Select

- We are credentialed non-network providers. We can see military members who have the Select plan (PPO) if they choose to use a non-network provider. Which means there will be a higher cost share.

Medicaid:

- We will submit your claim to Medicaid. You are responsible for co-pays or spend-down amounts. We participate with straight Medicaid and Priority Health Medicaid only.

Secondary Insurance Coverage:

- If you have a secondary or supplemental policy and have provided us with that information, we will bill them as a courtesy.

The patient (or parent of minor children) is fully responsible for any portion of their bill that is denied or otherwise not paid by their insurance carrier.