

Grand Traverse Internal and Family Medicine

Welcome to Grand Traverse Internal and Family Medicine!

Your designated Patient-Centered Medical Home

Phone: (231) 935-0850

Fax: (231) 935-0869

The following is information that you will find helpful as you join our practice:

We provide you with convenient 24/7 access to your medical records from the privacy of your computer or smart phone through our **Patient Portal**. (Secure login access)

We follow the guidelines for Patient-Centered Medical Home (PCMH) to make sure you receive well-coordinated, effective care that addresses your concerns and respects your wishes.

First Visit: (print from our website) [www.gtinternists.com/forms/New Patient Packet](http://www.gtinternists.com/forms/New%20Patient%20Packet)

- Fill out the **Patient Registration** and **Medical History** forms and bring with you.
- Bring Your insurance cards (required every visit)
- Bring your driver's license.
- Bring your current prescription bottles so we can record them correctly.
- Bring your Vaccination history with you.
- Review your insurance coverage to determine your benefits **BEFORE** the appointment.
- Copays and deductibles are due at the time of service.

Our Location and Hours:

- Address: 5015 North Royal Drive Traverse City, MI 49684
- Office Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.
- Lab Hours: Monday - Friday 7:30 a.m. to 4:30 p.m. (closed 12:30 to 1:30 p.m.)
- Phone Hours: Monday - Friday 8:00 a.m. to 4:30 p.m. (closed 12:30 to 1:30 p.m.)

Scheduling:

- Call **231-935-0850 ext. 0** or request an appointment through your **patient portal** to schedule.
- Please talk to the receptionist to make an appointment.
- Speak with the clinical staff to discuss current health concerns.
- Please call us if you are unable to keep your appointment. We require 24-hour notice.
- If you need to be seen urgently, we will try to schedule you for a same day appointment.
- We reserve the right to charge \$75.00 for no show appointments.

After Hours:

- If you have an **emergency** condition, please call **911**.
- If you have an **urgent** condition, please call 231-935-0850 ext. 5 to reach our on-call physician.

Prescription Refills:

- Please request your prescription refills at your office visits.
- Request through the **patient portal** is preferred (login access required).
- We may take up to 24 hours to call in your refill—please plan accordingly.

Financial Arrangements:

- See our **Financial Policy** for complete details.
- Charges not covered by your insurance are due at the time of service.
- You are fully responsible for any portion of your bill that is denied or otherwise not paid by your insurance carrier.
- Our billing office can work with you to set up a payment plan, if needed. Call 231-709-6196 to speak with one of our billing representatives.
- Once a claim has been sent to your insurance, we will not change the billing.

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Patient Information

Patient Name (First, MI, Last) _____

Former/Maiden Name (If applicable) _____

Mailing Address _____

Phone Number(s) _____ (Home) _____ (Work) _____ (Cell)

Date of Birth _____ Social Security Number _____

Email Address _____ Sex Assigned at Birth _____

Marital Status _____ Gender Identity _____

Primary Language _____ Translator Needed? (Yes or No) _____

Race (Circle One) *American Indian or Alaska Native *Asian *Native Hawaiian *Other Race

*Black or African American *White *Hispanic *Other Pacific Islander *Decline to Report

Ethnicity (Circle One) *Hispanic *Non-Hispanic *Decline to Report

Other Information

Employer Name _____

Employer Phone Number and Location (City, State) _____

Employment Status (Full-time, Part-Time, Self-Employed, Retired, Other) _____

Emergency Contact Name _____

Phone Number(s) _____ (Home) _____ (Work) _____ (Cell)

Relationship (Spouse, Parent, Sibling, Child, Other) _____

Retail Pharmacy Name _____

Retail Pharmacy Address/Location _____

Retail Pharmacy Phone Number _____

Mail Order Pharmacy Name _____

Mail Order Pharmacy Phone Num _____

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 charge \$35 for accounts sent to collections.
- 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. ****

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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 Meridian 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.

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Current Date _____

Patient Name _____

Patient Date of Birth _____

Medical History

Please list all the medications you are currently taking.

Name of Medication	Dosage

Please list any allergies (*drug, food, environmental, etc.*) and sensitivities _____
