

# Grand Traverse Internal and Family Medicine, P.C.

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## MICHIGAN DISCLOSURE REQUIREMENT

Your health benefit plan may or may not provide coverage for all the health care services you are scheduled to receive or the providers providing those services. You may be responsible for the costs of services that are not covered by your health benefit plan.

The non-participating provider must provide a good faith estimate of the cost of the health care services to be provided. A good-faith estimate does not consider unforeseen circumstances, which may affect the cost of the health care service provided.

You also have a right to request that the health care services be performed by a provider that participates with your health benefit plan and may contact your current carrier to arrange for those services to be provided at a lower cost and to receive information on in-network providers.

I have received, read, and understand this disclosure.

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(Patient or patient's representative's signature)

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(Date)

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(Print name of patient or patient's representative)