



FINANCIAL POLICY

Medicare Products: Our office participates with most Medicare products and accepts Medicare's allowed amount as payment in full. You and/or your supplemental insurance are responsible for co-payments, co-insurance and deductible amounts. Not all services are covered under all contracts; therefore, you are responsible for any amounts not covered.

Please advise us if you are currently working, your spouse is currently working, or you were injured as a result of an accident. Medicare may not be your primary insurance if any of these conditions apply.

Contracted Commercial Insurance, Blue Cross Blue Shield of Michigan, and HMO/PPOs: OAM will file a claim and await payment for service. All co-pays are due at the time of service. We will bill you for deductibles and co-insurance after payment is received. In certain situations, we may require payment of deductible amounts in advance of elective surgical procedures.

Worker's Compensation and Auto Insurance: OAM will file all claims. Any disputed amounts or rejected services are the patient's responsibility. We will bill you upon receipt of rejection. If a Worker's Compensation case becomes disputed and elective care is still desired, payment of the account is the patient's responsibility as services are rendered.

All Other Health and Liability Insurance: Payment is due at the time of service unless other arrangements have been approved in advance by our staff. We accept cash, checks, Master Card, Visa, American Express and Discover. We will file a courtesy claim with your insurance carrier.

Any services not authorized in advance may become the patient's responsibility. Your insurance coverage is a contract between you, your employer, and the insurance carrier. While we understand dealing with your insurance carrier can sometimes be complex, it is impossible for us to be the mediator for you. The patient and all guarantors agree to pay OAM, the standard charges irrespective of applicability and coverage of private insurance unless a contractual payer adjustment applies. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

ASSIGNMENT OF BENEFITS

I, the undersigned, do assign directly to Orthopaedic Associates of Michigan, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the provider to release any and all medical records to my insurance carrier, employer, or agent of either, to secure the payment of benefits. I authorize Orthopaedic Associates of Michigan to obtain a credit report in cases where it is necessary to extend credit or when collecting a debt.

Adult Patient/Guarantor or Personal Representative Signature

Relationship to Patient

Date

Printed Name of Patient

Date of Birth

PRIVACY ACKNOWLEDGEMENT

I acknowledge that I have received the Notice of Privacy Practices for Orthopaedic Associates of Michigan. _____

(initials)



DOCUMENTATION OF GOOD FAITH EFFORTS

PATIENT NAME

DATE

The Patient presented for treatment on this date and was provided with a copy of the provider's Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

[] Patient Refused to Sign

[] Patient was unable to sign or initial because:

Two horizontal lines for text input.

[] There was a medical emergency (the provider will attempt to obtain acknowledgement at the next available opportunity).

[] Other reason, described below:

Four horizontal lines for text input.

SIGNATURE OF EMPLOYEE COMPLETING FORM