

# MICHIGAN HAND AND WRIST, P.C.

Jean-Paul Guiboux, M.D.

Jeffrey D. Placzek, M.D.

Michael Paczas, M.D.

26750 Providence Parkway ◦ Suite 220 ◦ Novi, Michigan 48374

248.596.0412 ◦ Fax: 248.596.0418

www.michiganhandandwrist.com

## **Michigan Hand and Wrist Office Policies**

*Your insurance policy is between you and your insurance company, it is your responsibility to know your individual coverage. Failure to understand your coverage may result in the patient/guarantor being responsible for all costs incurred. Michigan Hand and Wrist P.C. will bill your insurance company for you with the information that you provide. Lack of accurate information may result in the patient/guarantor being responsible for payment. If after 45 days the insurance claim remains unpaid, we will bill the patient as a self pay account. It will then be your responsibility to contact your insurance company to settle the claim.*

*If we are contracted with your insurance company you will generally be responsible for office visit co pays, coinsurance and/or deductibles if applicable. **Office visit co pays are collected at the time of service.** An additional \$10.00 late fee will be assessed if not paid at the time of service. Effective 01-01-2009 **Michigan Hand and Wrist P.C. will also collect patient balances at each visit.** If you are unable to meet your financial obligation at each visit due to financial hardship, you may contact our billing company to set up a payment plan. We currently participate with most major insurance carriers. If you have a commercial insurance that we do not have a contract with, you will be responsible for all charges incurred that your insurance company does not cover.*

**If you are here for a Work related or Auto Accident related injury:** please notify the receptionist. You **must** have written authorization from the Workers Compensation carrier/Auto Insurance Company for us to bill or you are considered a Self –Pay account with payment due at the time of service.

**If you have an HMO insurance:** it is **your responsibility** to obtain any and all referrals prior to your visit. If you do not have a valid referral for your appointment you will need to reschedule. We will try to help keep you informed of your referral status regarding follow-up visits but we do recommend that you keep a copy of the referral for your own records.

**If you have suffered an injury:** your insurance company may send you a questionnaire regarding the nature of your injury. Please be aware that **until this form is completed and returned they will not pay your claim and you will then be responsible for** payment. Please return this form to your insurance company immediately. If you have any questions regarding this issue please contact your **insurance company.**

**If you require a note regarding work or school restrictions:** you must discuss this with the doctor at the time of your visit. Notes will not be backdated for any reason.

Prescription requests approved by the Doctor will be called to your pharmacy within two business days. If the Doctor is out of the office, refills will not be available until his return.

Michigan Hand and Wrist P.C charges a \$10.00 **per form** fee for all disability/workers compensation forms. This fee is to be paid by the patient. Forms will be completed within seven business days and will not be released until payment is made.

Health information provided to an outside party other than your insurance company or physician's office (whether verbal or written) requires written consent from the patient. A **Release of Information Form** is available, please check with the receptionist.

Michigan Hand and Wrist P.C. requires a 24-hour notice for all appointment cancels or reschedules. A \$50.00 no show fee may be charged for failure to comply with this request. If you have 2 no show appointments you will no longer be accepted as a patient.

*Please understand that we are a Specialist office. We do need to see patients on an Emergency basis. This may delay the doctor's schedule. We will do our best to keep you informed of long delays and you will be given an opportunity to reschedule your appointment if necessary.*

**I have read and understand the above written information.**

**SIGNATURE:** \_\_\_\_\_

**PATIENT NAME (IF MINOR):** \_\_\_\_\_

**TODAYS DATE:** \_\_\_\_\_