



Mawri's Medical Clinics
1230 South Linden Rd
Flint Township, MI 48532

Financial Policy

Payment is required at the time services are rendered for all copays and deductibles unless arrangements have been made in advance. This includes applicable coinsurance and co-payments for participating insurance companies. Pediatric Center accepts cash, personal checks, Visa and Master Card. There is a service charge for returned checks of \$35.00.

Patients with an outstanding balance of 60 days overdue must make arrangements of payments prior to scheduling appointments. We realize that people have financial difficulty. Therefore, we may advise that due to your financial situation you seek your child's immunizations through a clinic or health department. Patients with an outstanding balance and no payment made within 90 days will be sent to out collection agency.

Any Accounts with a balance over \$100 will be required to make a payment at the front window prior to the appointment.

Any Self Pay Patients are required to pay at the front window prior to the appointment.

There will be a \$20 fee for any paperwork filled out without an appointment. There will be a \$25 fee to copy/transfer medical records and must be paid prior to processing the records.

Insurance

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and co-payments at the time of service. If we have not received a payment from your insurance company within 45-days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges. We do bill secondary insurance companies as a courtesy to you. It is your responsibility to provide accurate insurance information to us at the time of service.

If you need assistance or have questions, please contact the Billing department between 8:30am to 5:00pm Monday through Friday at (810) 875 9186. Please have your statement ready with your insurance information.

Referrals

If you are enrolled in a managed care insurance plan (i.e., HMO) you must receive a referral from our office before seeing a specialist. Please call 2 business days in advance, as a courtesy, to allow us time to complete the referral. No retroactive referrals will be given.

Missed Appointments/Late Cancellations

Broken appointments represents a cost to us, to you and other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge a \$35 fee for missed or late cancelled appointment. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand Pediatric & Adolescent Advance Care Center policy. I agree to assign insurance benefits to Pediatric & Adolescent Advance Care whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the collection agency for costs for collections.

Prescriptions/Test Results

If calling in a refill request, please allow at least 24 hours to send to your pharmacy. We **WILL NOT** prescribe narcotics for long term use. If pain management is required we will arrange your appointment for you. We have the right to drug test any patient we feel is abusing prescription drugs.

Medical Records

You may obtain a copy of your child's medical records with a written and signed request. An outside company that adheres to all patient confidentiality laws will copy these records and bill you directly. We require at least 10 – 14 business days to grant your request.

BPC will not release records from another provider's office. You will need to contact the servicing provider's office for those records.

Contracted Insurance Filing

We currently have contracts with the most of the major insurance companies and plans. Please call Dr. Mawri's office for verification of your plan. You may need to contact your insurance provider as well to confirm compatibility with our office.

Please have your child's insurance card available at each visit otherwise you may be asked to sign a waiver and leave payment at the time of the visit.

We collect all co-payments at the time services are rendered and file insurance on a daily basis. Payment is expected at the time office services are rendered. A \$5 statement fee will be charged to your account for all co-pays not paid on the day of the appointment.

Any services that are deemed to be the family's responsibility (additional copays, coinsurance, deductible, etc.) or that are considered non-covered by your insurance will be put to patient balance and are due immediately.

Any services that we file with your insurance that are not responded to after 90 days from the date of service may be transferred to patient balance. This balance will remain the responsibility of the family until payment is received or written correspondence is received by the insurance company verifying that payment is forthcoming from them.

A statement will be sent to you every 6 weeks (up to 60 days from the date of service) detailing unpaid charges. If you have questions regarding items which have not been paid by your insurance, we ask that you contact your insurance company or employer as benefit packages vary by employer.

New patients who provide medical records from a previous practice should keep the originals and provide us with only a copy. We will not provide you with copies of outside records. Please keep the originals with your personal information.

Separated or Divorced Families

For those families where parents are separated or divorced, the parent authorizing treatment and bringing the child to be seen is responsible to us for payment and all payments are due when services are rendered. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

We will not act as a mediator in collecting our payments.

A copy of the bill with appropriate insurance coding will be given to the authorizing parent at each visit. In the case of contracted insurance only, co-pay is due at the time services are rendered. Subsequently all charges deemed parent responsibility by the contracted insurer are due by the parent who authorized treatment.

If the account is not resolved in a timely manner, the authorizing parent's information will be submitted to our collection agency. Non-compliance with this policy may result in transfer of care to another practice.

You will be notified of all test, lab & X-Ray Results within a timely manner.

NAME: _____ SIGN: _____

RELATIONSHIP TO PATIENT: _____ DATE: _____