



Patient Financial Agreement

~ PAYMENT IS DUE AT THE TIME OF SERVICE ~

Payment includes but is not limited to: applicable co-payments, in-house testing (i.e. blood/urine/rapid strep, etc), injections and any other services rendered to you or for you.

For your convenience, we currently accept Visa, MasterCard, Discover, Debit Cards and Cash as forms of payment.

If you are un-insured, please be aware that your total office visit is due on the day of service.
We are unable to bill un-insured patients.

YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY, FURTHERMORE, IT IS THE RESPONSIBILITY OF THE PATIENT TO KNOW AND UNDERSTAND THEIR INDIVIDUAL BENEFIT PACKAGE.

It is the sole responsibility of the patient to ensure his or her insurance information is current and up-to-date with our office. Rosewood Health Care MUST be kept informed if your insurance plan, information or status changes. If this information is not kept current with our office/billing service, the patient will be liable for the entire charge on that rejected date of service.

Insurance cards must have current patient ID numbers and if a provider is required, it must have Dr. Annu Mohan listed as the Primary Care Provider.

All health plans are not the same and do not cover the same services. Our office CANNOT guarantee that your carrier will pay your claim. In the event your health plan determines a service to be "Non-Covered", YOU WILL BE RESPONSIBLE for the COMPLETE CHARGE. Rosewood Health Care will NOT enter into a dispute with your insurance carrier over the claim.

If any insurance payment is sent directly to the patient instead of Rosewood Health Care or Mid-Michigan Medical Billing, the patient is expected to provide payment within 10 days of receipt along with the explanation of medical benefit. Failure to produce this payment will result in your being billed in full by this office. Contractual Reductions will NOT apply.

Any Billing related questions/matters should be handled by:

Mid-Michigan Billing, Inc.
5065 Miller Road
Suite 3
Flint, MI 48507
866-455-0709

There is a \$30.00 charge for any check returned to our office.

There is a \$30.00 charge for any appointment that the patient “No-Shows” for or 24 hour proper notice is not given for. There is a \$60.00 fee in case of a missed physical or comprehensive medical exam. These fees are not covered by insurance and the payment of returned check or “No-Shows” appointment will be the responsibility of the patient. Please have the courtesy and respect for our office for all appointments that cannot be kept. We will work with you at every opportunity to provide an appointment time flexible for your schedule.

In these difficult financial times, it may become necessary for you to make payment arrangements on your medical bills with this office. Please do not let your account go delinquent before making payment arrangements – Contact Mid-Michigan Billing and they will work with you to find a payment plan that will fit within your budget.

By signing this form, I agree that I have read and understand all of the information regarding the financial policy of Rosewood Health Care. I also have completed the requested information on the registration form. I certify that this information is true and correct to the best of my knowledge. Your signature on this form also acknowledges your understanding and authorizes payment of benefits directly to this office.

Signature of Patient (or Patient Representative): _____

Print Name: _____

Date: _____