PHYSICAL MEDICINE
ASSOCIATES OF NORTHERN MICHIGAN

3988 W. Royal Drive, Traverse City, MI 49684
phone. 231-935-0860
fax. 231-935-0930

tc-rehab.com

Name: DOB:

We are committed to providing you with quality and affordable health care. This policy will answer your questions regarding your financial obligations. Please read it and sign in the space provided. A copy will be provided to you upon request.

We participate with several insurance plans. If you are not insured by a plan that we participate with, payment in full is expected at each visit. It is your responsibility to provide us with your current address and insurance information. Please let us know immediately if these have changed. We must obtain a copy of your current insurance card and driver's license. If you fail to provide us with your correct insurance information, and the insurance we bill denies your claim, you will be responsible for the balance.

All co-payments, deductibles and non-covered services must be paid the day the services are provided.

Auto and Work Comp: In order to bill your auto insurance or work comp claims we will need the date of accident or injury and the policy number. The adjuster's name would also be helpful if you know it. We **DO NOT** participate with any auto carrier, however we will assist you in billing the insurance company. If inpatient services are needed, we will bill the insurance company. Any portion not covered by your insurance is your responsibility to pay in full, regardless of the arbitrary pricing policies used by some insurance companies. **You will need to know if your health insurance should be billed primary to your auto insurance.**

Non Covered Services: Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. It is your responsibility to know your insurance coverage before any services are rendered.

Litigation: Please remember litigation situations are not reasons for delaying payment on your bill. Payment is the responsibility of the patient, not the party being sued. We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

Cash Discount: We offer a 20% cash discount for the uninsured. Your charges must be paid in full on the date of service in order to receive this discount.

We do realize that temporary financial problems may affect timely payment of your account. If such problems arise please contact us right away.

We accept cash, check, money order, Visa, Mastercard and Discover. Our billing office is staffed Monday-Friday from 7:00am-3:00pm. Our phone number is 231-935-0860 ext. 201. For your convenience, we are able to accept credit card payments over the phone or on our website tc-rehab.com.

We will charge a $25.00 fee for any no show appointment.

Signature: Date:

James R. MacKenzie, MD
Stephen J. Andriese, MD
Tracy L. Riddle, DO