

# FAMILY DOC'S CLINIC

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## FINANCIAL POLICY

### CASH

Payment is expected at the time of service. However, a deposit is allowed to be made on services for any patient who is not covered by health insurance. If services are not paid in full at the time of service you will receive an itemized statement showing the total amount owed by you. If you do not have insurance coverage and/or are unable to pay the patient pay balance within 30 days, please contact our billing department to set up a payment plan.

### COPAYMENT

Any copayment required by your insurance carrier must be paid when a service is received. This is an insurance requirement. You may be rescheduled if you cannot pay your copay.

### CREDIT/DEBIT CARDS

We accept American Express, Discover Card, MasterCard, and Visa.

### DEDUCTIBLE

Patients with deductibles will be required to pay them at the time of service.

### ESTIMATES

The exact cost of service cannot be determined until after the provider has completed care. Any amount quoted is an **ESTIMATE ONLY**. Your actual bill may be higher or lower.

### INSURANCE

Our office participates in many health plans as either in network or out of network physicians. We accept the contracted payment for our participation in these certain plans. **You will be responsible for all balances unpaid by your health plan as the contract is between you and your insurance company.** Although we may estimate what your plan may pay, the final determination of your eligibility and benefits will be made by your insurance carrier after they receive our claim. Regardless of the insurance coverage, the responsibility for payment of your account remains yours at all times. Please call your insurance carrier for benefits information. It is ALWAYS best to bring your current insurance card with you to each appointment. **If we do not have complete billing information, you will be billed directly.** Most insurance companies have **TIME LIMITS** on claim submissions. You will be asked to sign a "waiver" of insurance benefits if we cannot confirm your insurance coverage. A monthly statement will be sent to you after your insurance carrier sends their payment if there is any remaining balance you are responsible for. We expect full payment of the account within 30 days. If the balance cannot be paid within 30 days, we ask that you contact our billing department by calling (810) 603-0990 ext. 503 for payment arrangements.

### PAST DUE

If an account becomes past due and no payment arrangements have been made with our billing department or if a payment plan agreement has not been kept, the account will be turned over to a collection agency. If you have included a cell phone you are giving our office or agent permission to call that phone. Your physician may choose not to see you for future services.

### RETURNED CHECKS

There will be a \$25.00 fee charged to your account for NSF (insufficient funds) check returned to us by the bank. You may be dismissed from receiving further services and the account may be turned over to a collection agency.