

NABER & GILL, M.D.'S, P.C.

PAYMENT POLICY

Naber & Gill, M.D.'s, P.C. (the "Practice") intends to foster an open and respectful relationship between our physicians, other health care practitioners and our patients. Our goal is to provide the best possible care and treatment for our patients. Part of providing the best possible care and treatment is communicating our payment and financial policy to you so that you understand what is expected. Although we are healthcare providers first and foremost, the Practice is also a business with employees, payroll, overhead and other expenses. Accordingly, the following provisions reflect our policy with respect to your financial obligations to the Practice:

1. **PAYMENT.** Payment is due at the time services are rendered. The Practice accepts cash, check, or debit and/or credit card payment. You are responsible for any unmet deductible, co-payment and/or co-insurance amounts, as well as any charges for items and services rendered which are not covered by your health insurance policy. If you do not have health insurance, payment in full for the items and services rendered is due at the time of service. Any balance for which you are responsible which is not paid at the time of service will be invoiced to you and must be paid within 30 days of the invoice.

2. **DOCUMENTATION.** The Practice requires and requests that you provide a driver's license or state identification card, as well as your health insurance card or other proof of insurance, and a current credit card to maintain on file. Proper identification is necessary to guard against identity theft and other fraud, while maintenance of current insurance information and credit card information promotes proper and timely payment. The Practice will maintain such information in strict confidence and will only provide access to such information to employees with a need to know. Otherwise, such information shall be safeguarded in accordance with applicable laws and regulations.

3. **INSURANCE.** You are responsible for knowing the nature and scope of your health insurance coverage. Please contact your health insurance provider if you have any questions about coverage and benefits. The Practice and its health care practitioners participate with and/or in many insurance companies and/or plans. It is possible that our practitioners are not participating providers with your particular company and/or plan. Further, it is also possible that some or all of the services the Practice provides at a given time may not be covered by your insurance company and/or plan. You will nevertheless be responsible for the payment of such items and services.

4. **ASSIGNMENT.** By your acknowledgment and execution of this Payment Policy, you agree to assign, transfer, and set over to the Practice the applicable benefits of insurance to which you are or may be entitled in order to pay for the care and treatment provided to you (or your dependent beneficiary).

5. **DELINQUENT ACCOUNT/NONPAYMENT.** In the event that payment is not made in accordance with this policy, and your account becomes past due by ninety (90) days, the Practice may engage a collection agency to pursue payment, among other remedies available to the Practice under the law. If your account is referred to collection, the Practice may discharge you as a patient of the Practice by written notice.

6. **ADDITIONAL FEES.** Additional reasonable fees incurred attendant with collection will be added to the outstanding balance and you agree to pay such additional fees, including but not limited to a \$5.00 charge for each additional invoice sent after the initial invoice for charges for items and service rendered for which you are responsible. You will be charged \$30.00 for any payment by check which is returned for non-sufficient funds. If you miss an appointment and/or cancel an appointment but fail to provide at least 24 hours prior notice, you may be charged a fee of \$50.00.

7. **CONTACT US.** In the event that you have any questions about this policy and/or about any fees, charges and payment, you may contact our billing department at _____ or make an arrangement to meet with our staff in order to discuss any issues that may arise with respect to the payment for services rendered. Payment plans are available for balances in excess of \$100.00.

8. **COPIES AND FORMS.** Upon request, we will provide you with copies of medical records, subject to the following charges as provided under the Michigan Medical Records Access Act (charges are subject to annual adjustment based on statute).

- Initial fee: \$23.32 (if applicable)
- Per page for the first 20 pages: \$1.16
- Per page from paged 21-50: \$0.58
- Per Page for pages 51+ : \$0.23

You may be charged a reasonable cost-based fee for any request that the physicians complete documents while not in connection with an office visit in which health care items and services are provided.

I have read this Payment Policy and I understand and agree to be bound by the provisions set forth above, as the same may be amended and communicated to me from time to time.

Signature of Patient (or Guarantor)

Date

Print Name