

LEGACY MEDICAL GROUP
PRACTICE FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, Legacy Medical Group has adopted the following financial policy. If you have any questions about this policy, please discuss them with a representative from our office. Legacy Medical Group is dedicated to providing the best possible care and the highest level of service and regard your complete understanding of our financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or with your health insurance carrier, full payment is due at the time of service. For your convenience, we accept CASH, CHECKS, VISA and MASTERCARD.

MEDICARE PATIENTS: We are participating providers of Medicare. We will be collecting your 20% Medicare coinsurance and/or deductible (if applicable) at the time of your visit, UNLESS your secondary carrier is automatically “crossed-over” by Medicare. In that case, if your secondary carrier’s reimbursement does not cover the co-insurance in full, you will be billed for the balance. Any amounts billed are due upon receipt.

MANAGED CARE PATIENTS: We have made prior arrangements with many insurers and other health plans to accept assignment of benefits and with whom we are participating providers. The following requirements will need to be adhered to:

- If a referral form or referral authorization is required, you must present it to the receptionist at the time of your initial appointment. If you are scheduled for follow up visits, it is your responsibility to make sure that your ongoing referral is valid.
- If you choose to use your benefits “out of network” (without a referral from your PCP), you will be responsible for any associated out of pocket expenses, which will be due at time of service.
- If you do not have out of network benefits and you opt to be seen without a referral authorization, you will be required to pay for the services in full. An estimated portion of your visit must be paid prior to being seen.

CO-PAYMENTS: Please be prepared to pay your co-payment/coinsurance at the time of your visit.

DEDUCTIBLES: If you have an unmet deductible, please be prepared to pay your portion at the time of your visit.

OPEN BALANCES: If you have an open balance or copayment due, you will be expected to resolve it with our billing department prior to being seen. A \$15 billing fee may be added to your balance for all unpaid balances and copays due at the time of visit.

OTHER FEES:

RETURNED CHECKS: There is a fee of \$25 for returned checks.

MEDICAL RECORDS: There is a fee of \$25 for medical records. Legacy Medical Group must have a signed authorization on file prior to processing the request and payment must be received prior to their release. An authorization form may be obtained from our office or website and faxed to the medical records department at 248-923-2850.

MISSED APPOINTMENTS: There may be a \$25 charge for appointments that are “No Show, No Call”. This applies to any cancellations less than 24 hours prior to your appointment. For a missed home visit, it is acknowledged that the Legacy Medical Group providers and staff have committed their time to see you at the pre-scheduled time. Therefore, in the event of a “No Call, No Show”, a fee will be assessed that is equal to the Medicare allowed amount for a level 3 visit.

LATE APPOINTMENTS: If you arrive more than 20 minutes late for your appointment you may be charged a \$25.00 fee and asked to reschedule your appointment.

LABORATORY AND DIAGNOSTIC TESTING: For all services requiring a technician to be present at the facility, Legacy Medical Group charges a \$15 service fee. This charge will not be billed to the your insurance, and applies to diagnostic testing, therapeutic injections (B12 shots), and lab draws. In addition, a pick-up fee of \$35 will be assessed for all STAT (or urgent) testing and pick-ups that can not be handled during our regular schedule at your facility. Generally, urine and stool samples are valid only up to 24 hours, thereby necessitating a need for immediate pick-up and processing.

COLLECTIONS: In the event that your unpaid balance needs to be sent to collections, you will be responsible for all collections fee, attorney fees, and any other fees incurred in the collections process.

A NOTE ABOUT OUR FEES: You may have been quoted a fee for your consultation or office visit. Please be aware that until the doctor examines you and discusses your medical needs, we cannot determine prior to your visit whether or not you will require any special diagnostic or therapeutic care during your visit. If you do require a diagnostic or therapeutic procedure, this service will be billed in addition to the fee for the office visit. Please feel free to ask questions about the care your doctor recommends. It is the responsibility of the patient to know the terms of his or her insurance coverage. Please call your carrier if you have any questions about your benefits. Deductible or co-insurance amounts withheld from our payment are the responsibility of the patient. If you have any questions about this, please speak to our Billing Office. We must have a copy of your current insurance card(s) on file at all times you are actively being treated or have an active and unpaid claim in our office. This notice is made available to all new patients upon their first visit to our office and can be viewed on our website at any time.