

LIVONIA ORTHOPEDICS & SPORTS MEDICINE, PC
PRACTICE LIMITED TO ORTHOPEDIC SURGERY
36475 FIVE MILE ROAD, SUITE 125
LIVONIA, MICHIGAN 48154
(734) 655-1330

HMO FINANCIAL POLICY

IF YOU HAVE THE FOLLOWING TYPES OF INSURANCE:

- BLUE CARE NETWORK
- MEDICAID HMO
- ANY HMO REQUIRING A REFERRAL

It is our office policy that in order for you to be treated by one of our physicians at Dearborn Orthopedics & Sports Medicine, PC, you **MUST HAVE A WRITTEN REFERRAL WITH YOU AT THE TIME OF YOUR OFFICE VISIT. OBTAINING THE REFERRAL IS THE PATIENT'S RESPONSIBILITY.** If you fail to supply us with a valid referral, it will be necessary to reschedule your appointment until such a time that the referral is obtained from your primary care physician.

Our office cannot and will not be able to bill your insurance company without a valid referral. It has been our experience that primary care physicians will not issue a referral after treatment has been provided to you by our office. Please be aware that patients are responsible for any and all bills that they may incur at Dearborn Orthopedics & Sports Medicine, PC. If you have any questions, please contact your insurance company.

We must emphasize that, as medical providers, our relationship is with you, the patient, not your insurance company. The filing of insurance claims is a courtesy that we extend to our patients, however it must be understood that all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems do affect the timely payment of your account. If such problems do arise, we encourage you to contact us promptly so we can assist you with the management of your account.

We will be happy to discuss your insurance your insurance and your proposed treatment prior to your visit. However, you must realize:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services that will not be covered whether we are a contracted provider or not.

Please note, disability, FMLA, AFLAC, etc. paperwork requires a minimum of **3 to 5 business days** to complete, and there is **\$10.00 fee per form**. The fee is required before any paperwork is completed. This includes paperwork received via fax, mail, or in person. Also, there will be a fee (amount to be determined at the time of the request) for any medical record or x-ray copies.

I understand and agree that, regardless of insurance status, I am ultimately responsible for the balance of my account for services rendered. I have read all the information and certify that all information that I have given is true and correct to the best of my knowledge. I will immediately notify you of any changes in my health insurance status or any other pertinent information.

Patient/parent/guardian signature

Date

Jeffrey T. Waldrop, MD

Gregory W. Housner, MD

Douglas G. Plagens, MD

Matthew P. Steffes, MD

Robert M. Meehan, MD

DIPLOMATES, AMERICAN BOARD OF ORTHOPEDIC SURGERY

