RediMed Euclid Medical Group, P.C.

4175 Euclid Avenue, Bay City, MI 48706 (989) 667-0491; Fax (989) 667-0493

Name _____ Male ( ) Female ( ) Birth date_____
Last First MI

Address _____ SS# _____ Primary Care Dr _____

City _____ State _____ Zip Code _____ Home Phone _____

Occupation _____ Cell Phone _____ Emerg. Phone _____

Employer _____ Health Ins. Co. _____

Contract/ID# _____ Grp# _____ Medicare# _____

Medicaid# _____ Marital Status (circle one) Single Married Widow Divorced Separated Child

Relationship to person responsible for paying the bill _____

Parent or Spouse Name _____ Birth date _____ SS# _____

Occupation _____ Employer _____

How did you hear about our clinic? Newspaper Ad ___ Phone Book ___ Friend ___ Former Patient ___ Other ___

ABOUT FINANCIAL ARRANGEMENTS AND HEALTH INSURANCE

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered if you do not have insurance. We participate with Blue Cross/Blue Shield, Medicare and Medicaid. Deductibles and or co-pays are your responsibility to pay. If you have a policy that requires a referral you will need the referral to receive services. If a service is not covered by your insurance, the balance will be your responsibility to pay.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1 ½ % per month. You may be charged for broken appointments and appointments cancelled without 24 hours advanced notice.

We will gladly discuss your proposed treatments and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R.", "U.C.R." is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as health care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

REFUND POLICY: Refunds will be issued in the event of duplicate payment.

_____ _____
Patient (Parent if Minor) Responsible Party/Relationship

_____ _____
Witness Date