



**PATIENT FINANCIAL AGREEMENT**  
**~PAYMENT IS DUE AT THE TIME OF SERVICE~**

Payment includes, but is not limited to: applicable insurance copayments, in-office testing (i.e. urine/rapid strep, etc.) injections and any other services rendered to you or for you.

For your convenience, we currently accept Cash, Checks, and Debit/Credit Cards as forms of payment.

**If you are uninsured, please be aware that your total office visit is due on the day of service. We are unable to bill uninsured patients.**

**YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY, FURTHERMORE, IT IS THE RESPONSIBILITY OF THE PATIENT OR PATIENT'S GUARDIAN TO KNOW AND UNDERSTAND THEIR INDIVIDUAL BENEFIT PACKAGE.**

It is the sole responsibility of the patient or guardian to ensure his or her insurance information is current and up-to-date with our office. Rosewood Health Care **MUST** be kept informed if your insurance plan(s), billing information, or coverage status changes. If this information is not kept current with our office the patient will be liable for the entire charge on the rejected date(s) of service.

Insurance cards must have current patient ID and group number. If a Primary Care Provider (PCP) is required, it **MUST** have Dr. Annu Mohan, M.D. listed as the Primary Care Provider (PCP).

All health plans are not the same and do not cover the same services. Our office **CANNOT** guarantee that your insurance carrier will pay your claim. In the event your health plan determines a service to be "Non Covered" **YOU WILL BE RESPONSIBLE FOR THE COMPLETE CHARGE.**

Rosewood Health Care **WILL NOT** enter a dispute with your insurance carrier over a claim.

If any insurance payment is sent directly to the patient instead of Rosewood Health Care, the patient is expected to provide payment within 10 days of receiving the Explanation of Medical Benefit (EOB). Failure to produce this payment will result in your being billed in full by this office. Contractual Reductions will not apply.

Any billing related questions/matters should be handled by:

Rosewood Health Care  
Billing Department  
2480 Rosewood Drive North  
Mt Pleasant MI 48858  
Phone (989) 775-3823

There is a \$35.00 charge for any check returned to our office.

There is a \$30.00 charge for any appointment that the patient “No Shows” for or when a 24 hour proper notice is not given for a cancellation. If you arrive 10 minutes past your appointment time to keep the flow of the office there will be a \$10.00 charge to ensure every patient gets the time they need. There is a \$60.00 charge in the cases of a missed physical or comprehensive medical exam. These charges are **NOT** covered by insurance and the payment of a returned check or “ No Show” appointment charge will be the responsibility of the patient or guardian. Please have the courtesy and respect for our office for all appointments that cannot be kept. We will work with you at every opportunity to provide an appointment time that is flexible to your personal schedule.

In these difficult financial times, it may become necessary for you to make payment arrangements on your medical bills with our office. Please **DO NOT** let your account or your dependent’s account become delinquent before making payment arrangements. Contact the billing department at Rosewood Health Care and they will work with you to find a reasonable payment arrangement that will fit within your budget. If a patient is seen while fulfilling a payment arrangement and has additional services and additional charges are incurred, Rosewood Health Care will require an increase to the patient’s current payment plan, based on the new charges and the patient’s ability to pay.

Rosewood Health Care will mail three statements to the patient or guarantor detailing charges not covered by their insurance plan(s) including, but not limited to copayments, deductibles and office charges (detailed above). Statements will be mailed to the address provided by the patient or guardian at the time of service. It is the patient or guardian’s obligation to provide a correct mailing address at the time of service or upon moving.

Rosewood Health Care expects payment from the patient within 90 days of the initial statement.

If no payment is received and no reasonable payment arrangement is made after 90 days and 3 complete billing cycles, Rosewood Health Care will first provide a written notice to the patient or guarantor that Extraordinary Collection Actions are intended. This notice will be included with the patient’s complete statement and be written in plain language.

If no payment is received and no reasonable payment arrangement is made after 30 days of receiving the written notice, Extraordinary collections Actions will be taken. After placement with our collection agency the patient, while not discharged from Rosewood Health Care, will be in a suspended status until the delinquent balance is paid in full. This means that Rosewood Health Care **WILL NOT** provide any service to the patient including, but not limited to office calls, procedures, medication refills, injections, and referrals until the delinquent balance is paid in full.

**Signature of Patient (or Guarantor):** \_\_\_\_\_

**Relationship to Patient (if minor):** \_\_\_\_\_

**Date:** \_\_\_\_\_