Progressive Child & Adolescent Gastroenterology (PCAG)
DBA, S. Madani M.D P.C, 888 W Big Beaver Suite 404 Troy MI 48084, Fax: 248-717-2411, Phone: 248-717-2410

Patient Name: _____ DOB: _____

Thank you for choosing us as your/child's health care provider. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this to acknowledge your understanding of our parent/patient financial policies.

Parent/Patient Financial Responsibilities:

- The parent (or patient's guardian, if a minor)/patient is responsible for the full payment of copays, deductibles and coinsurance before service is rendered (this is to avoid financial problems for both parties). All unpaid copays before the time of service will be assessed a **$10** fee.
- For all new patients whose deductible is not met, it is the practice policy to collect **$220** amount as a front-end collection on the day of the appointment before service. After the service is performed and insurance billing, the amount difference will be applied to your future payments or will refund the remaining amount to you.
- Parents/patients are responsible for payment of co-pays, co-insurance, deductibles and all other procedures or treatments not covered by their insurance plan before service is rendered.
- It is the parent/patients' responsibility to know your own insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and any pre-authorization requirements of your insurance company.
- Should the patient's insurance carrier refuse payment (e.g., non-covered services, failure to secure a referral from primary care physician, the doctor is not a panel member of my medical group etc.), the parent/patient will pay for all services rendered upon receiving a written and/or verbal notice of the denial of my claim. Failure to pay within 45 days of filing is, for the purpose of this agreement, a refusal to pay.
- It is the parent/patient's responsibility to provide current and accurate insurance information, including any changes in coverage at initial and every subsequent visit.
- In the event the parent/patient fails to pay for services rendered when due, he/she agrees to pay all costs associated with collection (including but not limited to collection agency fees) as part of the collection process, and understands that will affect their credit score.
- We understand there may be times when you miss an appointment due to emergencies or obligations to work or family. The parent/patient is required to pay **$35** for a no-show appointment. We urge the parent/patient to call 24 hours prior to cancelling an appointment. I understand if I no show for two consecutive appointments, no show for three appointments or cancel for a total of four appointments, I may be discharged from care.
- Asking this office to change a diagnosis solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and will result in a fraudulent act.

By my signature, I certify to having read the above statements and fully understanding my financial responsibility for all care rendered for my child/me, at this practice regardless of any changes in my insurance coverage.

Parents Name/ Signature (or responsible party if minor)_____Date:_____

Please refer to next page for EXPLANATION OF INSURANCE TERMS (for your clarification):

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EXPLANATION OF INSURANCE TERMS (for your clarification):

Depending on how your insurance policy was set up by you and your employer (or at the market place) the following may apply to you:

Deductible: The amount you are responsible to pay us, before your insurance will pay the fee for our service.

Co-insurance: The percentage of the claim you must pay to us each time service is rendered if the insurance does not pay in full.

Co-pay: A fixed amount you are responsible for paying us for a specialist at each visit.

Out-of-pocket Max: The highest amount your insurance requires you to pay for healthcare in one year before they cover at 100%

We accept cash, money orders, checks, and credit cards