

PAYMENT POLICY

Welcome! Please review our payment policy and sign where indicated.
If you have any questions please do not hesitate to contact our billing department.
You can reach them at 231.347.5155, Monday – Friday, 9am – 4:30pm.



BAY STREET
ORTHOPAEDICS & SPINE

Insurance Acceptance Guidelines

The following is a list of insurance companies we are in Network (participate) with:
Medicare & Medicare HMO's, Medicaid & Medicaid HMO's, Priority Health, BCBS, Blue Care Network, McLaren Health Plan, Auto, Work Comp, ASC, NGS, Aetna, Cigna, Tricare, Triwest (Optum), Champ VA, and Tribal Insurance.

All other insurances are considered out of network and you, as the patient, are responsible for any balance left unpaid. We do not participate with insurance companies from outside the United States. Please see our 'Self Pay Payment Policy' below for details.

Co-Pays/Deductibles

All co-pays and deductibles are due at the time of your visit.

Self Pay (no insurance) Payment Policy

It is our policy to collect a \$250 deposit at your first appointment. Please understand this is strictly a deposit and may not cover the entire cost of treatment. You should receive a bill within 30 days for the remainder of your balance. If you do not receive a bill or have questions regarding your statement, please contact us directly at our main office at 231.347.5155.

If you choose to pay your balance in its entirety on the same day services are rendered you will receive a 10% discount. If surgery is necessary, an additional deposit may be required seven days prior to surgery.

Work Comp and/or Auto Claims

Valid work comp and auto information is required prior to your appointment. Failure to provide complete billing information, including a claim number, will result in a transfer of responsibility to the patient. Please see 'Self Pay (no insurance) Payment Policy' above for further details.

Unpaid Balances

Any unresolved and/or unpaid balances on your account beyond 90 days of the visit or failure to contact our billing department with changes in your address and/or financial situation will place your account into a delinquent status. If this results in the account being sent to a collection agency, a \$25 non-refundable fee will be added to the outstanding balance. Delinquent balances are required to be paid in full prior to scheduling future appointments for NEW orthopaedic issues, unless payment arrangements are made.

No Show Appointments

As a courtesy to our office, as well as to those patients who are waiting to schedule with their physician a minimum of 24 hours' notice is required. Failure to cancel or reschedule your appointment with at least 24 hours' notice may result in a \$25 "no-show" service charge to your account. This "no-show charge" is not reimbursable by your insurance company. You will be billed directly for it.

Thank You

We at Bay Street Orthopaedics & Spine appreciate your patronage and value you as a patient. Thank you for reviewing this payment policy. By signing below you state that you have read, understand, and agree to its contents.

Signature

Date

Print Name

BAYSTREETORTHO.com

800.968.5155 · 231.347.5155 · F 231.347.6128

PETOSKEY · CHARLEVOIX · CHEBOYGAN · ST. IGNACE · GAYLORD · ROGERS CITY · TRAVERSE CITY