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GLSCC FINANCIAL POLICY

Thank you for choosing Great Lakes Sports Concussion Clinic as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The front office will handle all financial matters regarding your account.

Please note the following (and initial each to signify you have read them):

- **Payment is due at the time of services.** We accept cash, personal checks, money order, MasterCard, VISA, and Discover. Most debit cards are accepted as well.

Initials: _____

- In the event that your account has a balance due, you will be notified via a monthly statement, if you do not respond with payment, GLSCC will review your treatment, consider possible termination, and potentially send you account to a collection agency.

Initials: _____

- **Private pay/self pay.** Our practice offers a cash rate to those who do not have adequate insurance coverage. Payment will be required at the time of service. **You will be required to have a credit card on file and will be charged in full after every visit.** Your initials and signature at the end of the document authorizes GLSCC to charge the credit card provided in full.

Initials: _____

- GLSCC will make the best faith effort to check with your insurance company to determine your mental health benefits coverage. We will inform you of your expected co-pay/deductible responsibility and collect that amount at your time of visit. Your insurance policy is a contract between you and your insurance company. GLSCC is not party to that contract. We strongly encourage you to contact your insurance company or your Human Resources Department to verify the amount of your deductible and co-pay. ***You are responsible for all charges that your insurance company does not pay.***

Initials: _____

- ***The adult accompanying a minor to the appointment is responsible for payment.*** For unaccompanied minors, non-emergent treatment will not be administered unless charges have been preauthorized to a credit card or payment with cash/check is given.

Initials: _____

- ***GLSCC charges a processing fee of \$25 for release of medical records.***

Initials:_____

- ***GLSCC charges a processing fee of \$25 for completion of disability forms and/or other miscellaneous forms. This fee will be charged for each subsequent set of forms that are completed.***

Initials:_____

- ***GLSCC only participates with the following insurance plans: Blue Cross Blue Shield, Medicare, and Lakeland Care.***

Initials:_____

- ***WE DO NOT ACCEPT MEDICAID HEALTH INSURANCE.***

Initials:_____

- ***The following fees will be charged for missed appointments and for appointments cancelled or rescheduled without 24 hour notice.***

- *New Patient* \$350
- *New Patient Concussion* \$350
- *Follow Up* \$75
- *Follow Up Concussion* \$75

Note: These charges cannot be submitted to your insurance company for reimbursement and you are fully responsible.

Initials:_____

- ***If you do not pay the assessed fee for a missed appointment, rescheduled or cancelled appointment, GLSCC reserves the right to review your treatment and potentially be considered for discharge from our practice.***

Initials:_____

- ***GLSCC will send delinquent accounts to a collections agency.***

Initials:_____

- ***To assist you in keeping track of appointments our staff will provide you a written appointment card. A reminder call may be made as a courtesy, but ultimately it is your responsibility to keep the scheduled appointment.***

Initials:_____

By initialing the above and signing below, I confirm I have read this Financial Policy. I further agree that I understand and will follow the Financial Policy outlined in this agreement.

X

Signature of patient or responsible party

Date

Printed name of patient or responsible party