

Kentwood Family Physicians, PC
5070 Cascade Road, SE, Suite 250
Grand Rapids, MI 49546
Phone: (616) 281-9066 Fax: (616) 281-0539

Bruce M. Baker, D.O.
Susan L. Baker, D.O.
David L. Byington, D.O.

Financial Policies

Insurance: We participate with many insurance plans. Please see the appropriate section of our web site for a list of insurance companies with which we participate. If you are covered by an insurance company with which we participate and your benefits can be verified, we will bill your insurance company for your visit. However, if we are unable to verify benefits, if you are unsure as to the name and/or claims address of your insurance company, or if we do not participate with your insurance company, you will be responsible for payment in full at the time of service. Please remember that any changes in insurance coverage or policy details must be reported to our office or you will be responsible for your charges. We bill your insurance company as a courtesy to you; you are ultimately responsible for all charges generated in this office in the course of providing medical care to you. If you have any questions regarding your insurance benefits, please contact your insurance company; knowing your benefits is your responsibility.

Co-payments: All co-payments must be paid in full at the time of service, before you are seen by the physician. This is part of your contract with your insurance company. If you have any questions regarding this policy, please contact your insurance company.

Non-covered service: Please be aware that some of the services you receive in our office may not be covered by your insurance company, including Medicare. We will make every effort to inform you of this fact before providing services, but ultimately, you are responsible for knowing your insurance benefits. You will be financially responsible for all services which are not covered by your insurance company.

Self-pay patients: If you do not have insurance which will cover the cost of your visit, payment in full is expected at each visit. We will ask that you pay the estimated cost of the visit at the time of registration, via cash, check, or credit card. If the total cost of the visit exceeds the estimated cost, the difference will be paid when you check out.

Information Requests from your Insurance Company: From time to time, you may receive requests for additional information from your insurance company. (They may be requesting information regarding accident details, secondary insurance coverage, etc.) It is important to realize that, unless you respond to this request, your insurance company will not pay any pending claims on your behalf. If this is the case, the full amount of the claim becomes your responsibility. The simplest way to handle this is to respond immediately to all requests for information from your insurance company.

Payment of Account Balance: Payment of your account balance is expected upon receipt of a statement from our office. If for any reason you believe your balance to be incorrect, please contact our billing department immediately. If your account is over ninety (90) days past due, it may be sent to a collections agency at any time without further warning. At that time, a collections fee of \$10.00 per account may be added. If your account is sent to collections, you and your family members may be discharged from this practice. In this case, you would be notified by mail (both first-class and certified mail) that you have thirty (30) days to select a new physician. During that 30-day period, our physicians will provide emergency care only (including refills of any maintenance medications.)

Returned checks: There will be a handling fee for any returned checks in addition to any bank charges.

Former collection patients: If you have ever been placed in collections from our office and you continue to come here you will be expected to pay for services at time of visit and then once we receive payment from your insurance company we will refund your payment or you may keep it on your acct as a credit to use for future visits.