

Financial Policy

Please read it and sign the last page.

INSURANCE

Bring your insurance card to every visit, and tell the office as soon as your coverage changes. Claims are filed for you. If a plan is not one this practice is contracted with, the visit is billed to you directly and you may submit the claim to your insurer yourself.

Your insurance contract is between you and your insurer. Knowing what your plan covers, what your deductible is, and whether this practice is in network is ultimately your responsibility, though the office will help you find out whenever it can.

While the practice is opening. Insurance contracts are still being finalized ahead of the January 4, 2027 opening. Call the office and you will be told exactly where things stand with your plan.

WHAT IS DUE AT THE VISIT

- Copays are due at the time of service. This is a requirement of the insurance contract, not a practice preference.
- Deductible and coinsurance amounts are billed after the insurer processes the claim, usually within a few weeks.
- Balances from earlier visits are due at the next visit unless you have a payment plan in place.
- Accepted payment methods: cash, check, all major credit and debit cards, and HSA or FSA cards.

WELL VISITS AND THE SICK PROBLEM THAT COMES UP DURING THEM

Preventive visits are covered in full by most plans. If a separate problem is addressed during a well visit, for example a new rash, an ear infection, or an ADHD medication adjustment, it may also be billed as a problem-oriented visit in addition to the preventive visit. That second charge may apply to your deductible or copay.

SELF-PAY FAMILIES

Self-pay families are welcome here. Prices are quoted before the visit, payment is due at the time of service, and a discount is available. Call the office and it will be talked through with you.

MISSED APPOINTMENTS AND LATE ARRIVALS

Please give at least 24 hours' notice to cancel or reschedule. A missed appointment or a cancellation made without that notice results in a written warning the first time, a \$25 fee the second time, and a \$50 fee every time after that. These fees are not billable to insurance.

Unexpected things happen, so call as early as you can. After three missed appointments or late cancellations, continued care with the practice may be reconsidered.

If you arrive more than 15 minutes late, the visit may need to be rescheduled so that the families booked after you are not left waiting. You will be provided with written warning the first time this happens, but if you arrive late 2 or more times, each late visit without notice will be charged a \$25 no show fee.

FORMS AND PAPERWORK

There is no fee for completing school, camp, sports or work permit forms for an established patient. Please allow three to five business days for forms dropped off separately from a visit.

Financial Policy, continued

MEDICAL RECORDS

- Records sent to another physician for your child's care are sent at no charge.
- A copy of your child's record for yourself is provided at no charge in electronic form.
- Paper copies and requests from a third party such as an attorney, a disability program or a life insurer may be subject to a fee as permitted by Michigan law. You will be told about any applicable fee before the records are provided.
- Allow 10 business days for a routine request.

PAST-DUE BALANCES

Balances unpaid after 90 days, with no payment plan and no contact from you, may be referred to a collection agency.

PAYMENT PLANS

Please call. Payment plans are available for larger balances, and they are set up by a phone call, not an application. If you are worried about a bill, please contact the office rather than avoiding care. Dr. Maidlow would much rather work something out with you than have a child go unseen.

QUESTIONS ABOUT A BILL

Call (734) 488-8971 and ask for billing, or send a message through the patient portal. A person will look at the actual claim with you.

ACKNOWLEDGMENT

I have read and understood this financial policy. I accept responsibility for charges not covered by insurance, and I authorize the practice to release the information needed to process my claims.

CHILD'S FULL NAME

DATE OF BIRTH

RESPONSIBLE PARTY, PRINTED NAME

RELATIONSHIP TO PATIENT

DATE

Signature

sign here if you are printing this form