



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, 9:00-4:30.

Insurance Acceptance Guidelines:

The following is a list of insurance companies we are in Network (participate) with:

Medicare, Medicaid (within our service area), Priority Health, BCBS, Blue Care Network, Auto, Work Comp, Cofinity (PPOM), ASR/NGS, Aetna/Cigna (PPOM only), and Tricare Standard, Champ VA.

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 & deductibles are due at the time of your visit.

Self Pay (no insurance) Payment Policy:

It is our policy to collect \$150 at your first appointment (\$250 for fracture care). Please understand, depending upon services rendered, your charges may exceed this amount. The \$150 is by no means meant to cover any and all costs for your visits. As a self pay you will be responsible for any costs that may exceed this amount. You should receive a bill within 30 days for the remainder of your balance. If your total balance due is paid on the day of service you will be provided a 10% discount. If you do not receive a bill, please contact us directly at our main office at 231-347-5155. If you have questions in regards to the costs of your visit today, please feel free to contact our billing department at the same number.

If surgery is necessary, you will be required to provide a minimum at 50% of the cost of surgery. This payment is required seven days prior to surgery.

Work Comp and/or Auto Claims:

Failure to provide complete billing information, including a claim number, will result in all charges becoming attributable to you. Please see 'Self Pay (no insurance) Payment Policy' above for further details.

Unpaid balances:

Should an unpaid balance remain unresolved beyond 90 days of the visit, we will be forced to turn the account over to a collection agency. Failure to contact our billing department with changes in your address and/or financial situation could

result in the account being sent to collections immediately. If your account is turned over to a collection agency, a \$25 non refundable fee will be added the outstanding balance.

Thank you!

We at Bay Street Orthopaedics 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