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## FINANCIAL POLICY

**INSURANCE:** The doctors listed above each participate with several insurance plans. If you are insured by a plan that they do not participate with, your charges will be billed to your plan as a courtesy, but you will be responsible for any remaining balance after your insurance has paid. If the physician does participate with your insurance plan, he will write off his contractual amount with that carrier. You will be responsible for any deductible or co-pay/co-insurances, or any other balance your insurance plan deems is your responsibility. You are responsible for knowing your insurance policy and for providing us with your most current insurance card to insure proper billing.

**CO-PAYMENTS:** If you have only one insurance plan, your fixed dollar co-pay amount **must be paid on the date of service**. If your current co-pay cannot be determined, you will be expected to pay at least \$20.00 at each visit until your co-pay is determined. If you owe a % co-pay, we prefer to bill your insurance plan first and have them notify us on the amount to collect from you.

**WORKER'S COMPENSATION:** If your injury is related to a work incident, we require authorization from the insurance carrier (which is usually not your employer), in writing, before we will schedule your appointment. Most worker's compensation carriers will simply state that your claim is open and billable, which does not guarantee payment. If the worker's compensation carrier denies or disputes our charges, only then can we bill your regular health coverage. Please provide us with your health insurance card in case our charges are disputed or denied by worker's compensation. If you do not have your work injury authorized yet, you are responsible for payment in full until the information is received.

**AUTO ACCIDENT:** If your injury is related to an auto accident, we require authorization from the auto carrier, in writing, stating the billing information (address to bill to, date of injury, claim number) and that the claim is open and billable. Most auto insurance policies coordinate benefits with regular health coverage. If this is the case with your policy, please provide us with your health insurance card as well so the billing process is not delayed.

**CASH DISCOUNTS:** We offer a percentage discount for our uninsured patients on services provided in the office. In order to receive the discount, charges must be paid **on the date that services were rendered**. Surgical services will not be offered at a discounted rate. We also will not offer a discount for services that are not covered on your insurance policy.

**PAYMENTS:** Both physicians accept cash, check, money order, Visa, MasterCard, and Discover. If paying by check, please make payable directly to the physician you are treating with, not Traverse City Orthopedics. Checks returned for non-sufficient funds will be charged back to your account with an additional processing fee of \$25.00. Our biller is available during our normal business hours if you would like to pay with a credit card over the phone, or if you need to make payment arrangements. With the exception of emergency room visits and their subsequent care, balances owed by the patient must be paid in full prior to beginning treatment for a new problem.

**ELECTIVE SURGERY:** If you are covered on one insurance policy, and schedule an elective surgical procedure, we will require that you pay half of your remaining deductible and co-insurance amount prior to surgery. We will provide you a form to review and sign that indicates what the amount due before surgery will be and the remaining balance will be due within 90 days of your first statement from us (after we bill insurance). If you have multiple insurance policies, we will bill your elective procedure(s) to insurances and send you a statement for any balance due.

**OUR PROCESS:** Your charges for services rendered will be submitted to the insurance carrier(s) according to the information you provide. Once these claims have been processed by your insurance, we will be notified of your remaining balance, if any. We will send a billing statement to the address you provided. The statement you receive should be paid in a timely manner. If we have not received your payment within 30 days, a second statement will be generated and collections action will begin. In the event that your insurance does not respond to our billing on your behalf, after a couple of attempts, the charges will be your responsibility.

**NON-PAYMENT:** If your account remains unpaid after two billing cycles, and we have not heard from you regarding your balance due, we will review your account to be sent to an outside collection agency. We will attempt to notify you by phone of your overdue balance prior to the account being turned over. Patients that have been turned over to collections are not permitted to return to the office, regardless of their insurance status.