



4290 Copper Ridge Dr, Suite 200,  
Traverse City, MI 49684  
231.935.8930 (Office)  
231.935.8811 (Fax)  
[www.westfrontprimarycare.com](http://www.westfrontprimarycare.com)

## Financial Policy of West Front Primary Care

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We are committed to providing you with quality and affordable healthcare. It is our policy that payment for service is expected to be paid on the date of service or by securing payment by placing a credit card on file. This policy represents an outline of your patient financial obligations. We encourage you to read over it carefully and ask any questions for clarification.

### Appointments:

1. **No Show, Late Canceled or Arriving Late to Appointments** - Patients must provide at least 24 hour notice when unable to keep an appointment. It is our policy to charge \$50 for missed appointments, late cancellations, and arriving too late to be seen. Please be advised that three missed/canceled/late appointments within a rolling year, may be the grounds for discharge from our practice.
2. **Extended Care Fee** - For appointments after 5PM during the week and all Saturday appointments, there is a \$20 after hours extended care charge added to your visit.

### Insurance:

1. **Designating your West Front Primary Care Provider as your Primary Care Provider (PCP)** - If you are seeing a provider here as your primary care provider you must ensure that your insurance carrier is made aware of this to ensure you are charged the correct co-pay or fee. Otherwise your carrier may charge you a specialist visit co-pay or may not cover the visit at all.
2. **Verification of Identity** - To prevent fraud, each visit you will be asked to verify your identity, current address, phone number and, if you have insurance, your current insurance card(s).

### Financial Obligations:

1. Co-Payments, Co-Insurances and Deductibles:
  - We accept payments by cash, check, credit cards (VISA, MasterCard, Discover or American Express) debit card, and HSA card.
  - We can securely keep your credit card on file using a third party vendor as a convenient method to pay for services not paid by your insurance.
  - Payment is expected on the date of service and includes deductibles, co-pays, co-insurances and non-covered charges. Adding a credit card on file meets that expectation.
  - A \$25 administrative fee will be added to your account in the event that payment is not received within 24 hours of the date of service.



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2. If we participate with your insurance company:
  - We will submit claims to your insurance company. Your financial obligation must be paid on the date of service.
  - Non-covered Services - If your insurance company does not cover a given service that you have received, then payment in full will be required at the time of service. The provider's decision to order tests, x-rays, labs and other medical services is based on your health care needs, not your insurance coverage. It is your responsibility to know your insurance coverage before any services are rendered.
3. If we do NOT participate with your insurance company: Payment in full will be required at the time of service. We will file a claim to your insurance company as a courtesy to you, and you will receive the money directly. With Health Share Plans, we will not submit the charges for you, that will be your responsibility.
4. Self-pay patients will be expected to pay in full at the time of service. A discount on selected services is available for some services, but only if there is a payment in full on the date of service.
  - **Exempt from any discounts include, but are not limited to:** School sports physicals, Department of Transportation (DOT) physicals, Travel Consults, IUD's, and Vasectomies. If your employer is responsible to pay for your services, then payment at the time of service must be pre arranged with our Billing Department.
5. Patient Refunds: Patient refunds are processed monthly.
6. A \$50 fee will be charged for any checks returned by the bank.

#### **Referrals:**

1. Emergency referrals will be completed on the same day.
2. Not all insurance companies allow retroactive referrals. If requested, they cannot always be honored.
3. Some referrals require preauthorization and can often take a week or more. They DO NOT guarantee that your insurance will pay for your services in full. You may still have some out of pocket expenses.

#### **Patient Records:**

1. If you transfer to another provider, we will provide a copy of your West Front Primary Care record to that provider free of charge. For records from other provider offices you will need to contact them directly. Patients must complete a signed Medical Records Release Form to transfer records to another office.



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2. If you personally wish a copy of your patient health records, they are available for a charge of \$15. Please allow for 7-10 days for processing. Many records are already available to you free of charge on your patient portal.

#### **Forms and Fees:**

There may be an additional fee for reviewing and completion of forms for school, camp, sports, health assessment, handicap parking, insurance, family and medical leave act (FMLA) forms. Payment is due when the forms are picked up. A minimum of three business days is required for completion.

#### **Auto Accidents:**

Patients must inform the staff and your provider when a visit may be auto accident related. You will need to complete a form that provides us with the necessary billing information. You are responsible to know if your health insurance will be billed primary to your auto insurance. You will be responsible for charges until the Billing Department receives your completed and verified form.

#### **Workers Compensation:**

We are not accepting any new workers' compensation claims.