

PSGP Psychiatric Clinicians

25509 Kelly Rd, Ste A. Roseville, MI 48066 Office 586-252-2616

FMLA/INSURANCE INFORMATION/NEW PATIENT RESCHEDULING

We do not complete FMLA or Disability Paperwork. We do not complete competency evaluations, return to work clearance letters, or court ordered treatment.

There is a \$300.00 form fee to be paid up front before any type of forms are done by the providers.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO OBTAIN INFORMATION ABOUT MY INSURANCE COVERAGE FROM MY EMPLOYER OR INSURANCE CARRIER. I ALSO UNDERSTAND THAT WHILE THE BUSINESS OFFICE IS AVAILABLE TO ME IN SECURING THIS INFORMATION, THE RESPONSIBILITY IS AND REMAINS MINE.

I understand that as a courtesy to me, the business office has contacted my insurance carrier to obtain information regarding my benefits. I have provided the business office with information over the phone or in person. Based upon this information, they have been verbally notified by my insurance company, including but not limited to copay amounts, maximum benefit amount, yearly deductible amounts, and special payment circumstances. If at any time my insurance changes and I do not inform the practice in a timely manner, I understand that my insurance may not pay for the visits due to timely filing limits, and I will be responsible for the cost of the visits. PSGP does not accept Medicaid.

I understand that regardless of the information obtained regarding my potential insurance benefits, I am responsible for any charge incurred which is not paid by my insurance carrier.

Deductible—Please be aware that your insurance will not pay for anything until you have satisfied your deductible. Deductibles restart at the first of the year, every year. If you are unsure if you have met your deductible, please contact your insurance provider.

I understand that I may be charged for missed appointments and late cancellations if I do not cancel a scheduled appointment at least 24 hours in advance, and I understand that these charges are not benefits covered by my insurance carrier and are my responsibility. The first-time fee is \$50 and will increase if there are multiple missed appointments. I understand that patients who continuously miss appointments will be referred out of the practice.

The reschedule deposit for any new patient appointment is \$300 and must be paid prior to receiving the rescheduled appointment. This deposit will be applied toward your account.

We are here to help you if you have any questions or concerns; please call us at 586-252-2616.