

LITTLE TRAVERSE PRIMARY CARE

To our Patients:

Payment on Date of Service

Our most important goal at Little Traverse Primary Care is to continue to provide you with high quality medical care at the lowest possible cost. In an effort to keep our fees down and control costs, we are asking that you pay your office-related charges and co-payments the same day services are provided. We accept cash, personal check, Visa, MasterCard, Discover, American Express, and Debit Cards.

Credit Policy

In order for you to seek medical care when you need it most, below is our Credit Policy. We trust that you will keep your account in good standing and pay for services as follows:

All unpaid balances are billed monthly and are to be paid within 30 days of the first billing, unless prior arrangements are made. If payment in full is not possible, please contact our billing department at (231)348-3808.

For the small portion of accounts not in good standing, we provide the following rules to handle the problem as fairly as possible for everyone:

1. **All self-pay patients will be required to pre-pay \$100.00 at the time of registration.** If services performed are less than \$100, a refund will be given at check-out. If services performed exceed \$100, the remaining balance due is expected to be paid in full at check-out.
2. Accounts with an unpaid balance more than 30 days old will be asked for payment at every scheduled appointment.

All outstanding balances will be charged a 1.5% monthly (18% annual) Finance Charge.

3. Accounts with an unpaid balance more than 90 days old and missing payments in a prearranged payment plan are considered delinquent. We will be referring the account to a collection agency. Payment in full will be required at the time of service.

All outstanding balances will be charged a 1.5% monthly (18% annual) Finance Charge.

4. If an account is with a collection agency, the patient must pay for all current services at the time of service plus any unpaid balances. If payment cannot be made, you may be asked to reschedule your appointment.
5. A **\$25.00 fee** will be charged for all checks returned by your bank due to insufficient funds, the account is closed, if a stop payment was placed on your check, or any other denial of payment from your financial institution.

Signature of Patient

Date

Printed Name of Patient

Date of Birth