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PAYMENT POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable healthcare. Because some patients have questions regarding patient and insurance responsibility for services rendered, we have noted the following:

1. Insurance

We participate with most insurance plans, including Medicare, Blue Cross Blue Shield, and Priority Health. If you are not insured by a plan with which we participate, payment is expected at each visit. Knowing your insurance benefits is a patient's responsibility. Please contact your insurance company with any questions that you may have regarding coverage.

2. Co-payments and Deductibles

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.

3. Non-covered services

Please be aware that some of the services you may receive may not be covered or not considered reasonable or necessary by Medicare and other insurers. You must pay for these services.

4. Proof of insurance

All patients must complete our patient information form before seeing the provider. We must obtain a copy of your driver's license and current valid insurance cards to provide proof of insurance. If you fail to provide us with correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. Claims submission

We will submit your claim and assist you in any way that we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to do so.

I have read and understand the above.

Patient or Representative
Signature

Relationship to Patient

____/____/____
Date