



Maternal Fetal Medicine
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Patient Agreement to Pay:

I am aware that the services provided to me today may not be payable by my insurance carrier, thus I agree to be personally and fully responsible for payment. All co-pay and deductibles are due at the time of service. All balances owed are due at the time of service. We do have payment plans available.

I am aware that if I do not present an insurance referral at the time of my visit that is required by my insurance carrier for the services that I receive today thus I agree to be personally and fully responsible for payment.

If you present an insurance card to us that we are unable to verify or the insurance carrier states that your insurance is not active, you will be considered a cash patient. Payment will be due at the time of service. If you find you did have active coverage at a later date we will refund your money once your insurance company pays us for your visit.

If you are a Medicaid recipient and your Medicaid is pending you still will be considered a cash patient until you call our office with your Medicaid ID number. If your insurance is active then we will refund any payments that you have made to us once your insurance has paid.

Please check with your insurance company before you come in. Things to check would be eligibility, what your deductible is and co-pay etc. This is very important information that you need to know.

I agree to be personally and fully responsible for payment of the services I receive.

Signature of Patient

Date of Service