

## ***Does my insurance participate with CMG?***

Clarkston Medical Group participates with the following insurance companies:

- Aetna (PPO, POS, EPO)
- Beaumont Employee Health Plan
- Blue Choice
- Blue Cross Blue Shield (PPO, Plus, Trad, Federal)
- Blue Care Network (HMO, Advantage)
- Beech Street
- Cigna (PPO, POS)
- Cofinity (Formerly PPOM)
- First Health/Coventry
- Great Lakes Health Plan (HMO)-**Urgent Care Only**
- Great West Health Plan-**Primary Care Only**
- HAP (PPO, HMO, Senior Plus)
- Health Plan of MI-**Urgent Care Only**
- HealthPlus
- Humana Choice Care
- McLaren (PPO, HMO)
- McLaren Medicaid-**Urgent Care Only**
- Medicaid
- Medicare (Railroad, Traditional, Advantage)
- Molina-**Urgent Care Only**
- Multi-Plan (PPO)
- PHCS (PPO, POS, EPO)
- Priority Health (PPO, HMO, Medicare)
- ProCare-**Urgent Care Only**
- Total Health Care (PPO, HMO)
- Total Health Care Medicaid-**Urgent Care Only**
- Tricare
- United Health Care

If you do not see your insurance listed, please call for updates and clarification as participation in these plans changes periodically.

### ***What if I have Questions?***

Our medical billing staff is available to assist you Monday through Friday, between the hours of 9:00a.m. and 4:00p.m. Simply dial

**248-625-2545**

or

**248-625-2621**

**ext. 8015**

**Billing Department Fax**

**248-625-2625**

## **Clarkston Medical Group**

5701 Bow Pointe Dr., Suite 100

Clarkston, Michigan 48346

Phone: 248-625-2621

Fax: 248-625-8938



**Medical  
Billing  
&  
Insurance  
Claims  
Processing  
Guide**

At Clarkston Medical Group, our mission is to receive our patients and focus on the delivery of the highest quality medical care. We put the patient first!

This pamphlet will explain how Clarkston Medical Group will handle your medical billing and insurance claims processing and what your responsibility is regarding your account.

### ***Will my insurance cover this visit?***

Clarkston Medical Group cannot guarantee that your insurance will cover services provided. We will file a claim with your insurance company at the earliest possible date following your treatment. We will provide all necessary information to your insurance company to assist them in determining payment levels. With this in mind, it is important that you provide accurate insurance information when you register. Incomplete information will delay the processing of your account.

Claims follow-up will typically occur within 30 days following submission of the claim. You will be expected to make full payment of the account balance if your insurance company fails to pay or denies payment.

Please note that your insurance carrier makes the final decision on payment of services provided. Verification and pre-authorization is not a guarantee of payment.

If your insurance carrier decides that the services rendered were not medically necessary or not a covered benefit, any balance not paid by your insurance carrier will be your responsibility. Also, many times immunizations and preventative care have limited or no coverage. We do not verify specific policy benefits prior to performing services. If you are unsure of your specific benefit plan requirements, please check with your employer's human resources representative, your insurance plan benefit manual or call your insurance carrier.

### ***When will I receive my statement?***

Statements are mailed to patients with a balance of \$10 or more once a month. Accounts that are past due by more than 75 days may be turned over to a collection agency. In the event your account has become delinquent we reserve the right to pre-collect for future services or discontinue providing your healthcare.

### ***What about co-payments and deductibles?***

Payment for all co-pays, deductibles, non-covered services and Master Medical charges are **due at time of service**. Please understand that we are collecting an "estimated" amount and you may be billed at a later time for the difference between the collected co-pay/deductible amount and the actual services provided. A \$5.00 administration fee may be charged if the co-pay is not paid at the time of service.

### ***What if I have a worker's compensation injury?***

If you receive treatment for a worker's compensation injury and you do not have the information needed to bill your employer, you must call Clarkston Medical Group within five days of receiving treatment. If we have not received a call from you during that time, charges for services rendered will be billed directly to you for payment.

Please be ready with the following information:

- Employer name at the time of your injury
- Employer address, phone number and person authorizing payment
- Name of workers comp carrier and claim number
- Date of accident

### ***What if I've been in an automobile accident?***

If you receive treatment for an automobile accident and you do not have the information needed to bill the automobile carrier, you will need to call one of our medical billing staff within five days of receiving treatment. If we have not received a call from you during that time, charges for services rendered will be billed directly to you for payment.

Please be ready with the following information:

- Name of auto insurance
- Address and phone number of insurance agent
- Claim Number (issued by insurance carrier.)

Please note that in an automobile accident, the patients medical insurance may not be considered the primary insurance regardless of who is at fault for an accident.

This also applies to anyone living in your household who may be injured during an accident, or if you were a pedestrian injured by a moving vehicle.

### ***What if I don't have insurance?***

Please keep in mind that we are an independent medical practice and payment is expected at time of service for all patients. Clarkston Medical Group accepts cash, check, Visa, MasterCard and Discover. The same policy applies if we are not a participating provider with your insurance or can not verify coverage. If you are in need of "free" medical care, our staff will be pleased to arrange for services at a facility that can meet your needs.

### ***What if another party is responsible for paying on my or my children's account?***

As noted, all co-pay's, deductibles and services not covered by insurance are due at time of service. Once again, we accept cash, check, Visa, Mastercard and Discover.

The patient or guardian at that time can receive an itemized statement, that can be submitted to other parties for payment.

### ***Is there a fee for a no show appointment?***

There is a charge of \$25.00 for appointments not canceled within 24hours of the appointment.

### ***Is there a charge for returned checks?***

There is a charge of \$30.00 for all returned checks.

### ***Is there an additional charge for Urgent Care?***

An additional after hours charge is sent to insurance companies and/or patients for visits occurring in Urgent Care between the hours of 6pm and 7am Monday through Friday, Saturday after 1pm and all day Sundays and Holidays. Also, some insurance companies process claims differently when you are seen in Urgent Care. You may be required to pay a different or higher copay or deductible depending on factors in your insurance policy such as; the place of service, time of day or the physician treating you.