Welcome to Sparrow Medical Group

(Please print clearly and fill out entirely)

Thank you for choosing Sparrow Medical Group as your primary healthcare office.

Insurance/Billing

Please have all insurance cards and information available each time you check in. The accompanying parent or guardian of a minor will be responsible for payment of any services rendered in the Physician office. Minors not accompanied by a parent or guardian must have a signed authorization form or letter from the parent or guardian. If you have any questions or concerns, please contact our billing office at 517.364.7999. Remember, it is your responsibility to know your insurance coverage and benefits. That information can be obtained by contacting your insurance carrier or employer. Copays are due at the time of your appointment.

Payment at Time of Service

For office services, we request that you pay at the time of service for all non-participating insurance coverage, non-covered services, and all copayments. We accept VISA and MasterCard, as well as cash, check, or money order.

We are always here to help you with billing and payment issues. If you have trouble in settling your account with us, please call our billing office at 517.364.7999.

Medication Refills

Please bring your medications with you to your first appointment or when requested. Requests for prescription refills should be made at your appointments whenever possible.

Patient Centered Medical Home

Included in your New Patient packet is the Sparrow Medical Group "A Patient-Doctor Partnership" brochure. This brochure provides information on what it means to be a Patient in a Patient Centered Medical Home and what to expect from our Patient Centered Medical Home practice. Please take a few moments to read the brochure to become familiar with our practice.

Worker's Compensation

You must present a written authorization for services. We accept payment from the carrier as payment in full. If your claim is denied, you will be financially responsible for all services rendered.

Missed Appointment Policy

In order to provide quality care to our Patients, improve access, and minimize wait times, our office has adopted the following policy regarding **missed appointments**.

I understand that if I should fail to keep a scheduled appointment three (3) times in twelve (12) consecutive months, it may be necessary for me to make arrangements to receive my medical care elsewhere.

I further understand that the policy works as follows:

- A telephone call to cancel the appointment is required the business day prior to the scheduled appointment to avoid a missed appointment fee.

- New Patients who fail to keep their scheduled appointment and do not give proper cancellation notice may not be allowed to reschedule their appointment.

- If one appointment is missed, a reminder letter may be sent indicating that a scheduled appointment has been missed.

- If a second appointment is missed, another reminder letter may be sent.

- Upon failing to keep a third scheduled appointment, a certified letter will be sent indicating that three (3) scheduled appointments have been missed. Within thirty (30) days, I will no longer be able to receive care at Sparrow Medical Group and will need to make arrangements to receive medical care from another source. I further understand that Sparrow Medical Group will care for emergent needs, but that effective thirty (30) days from the date of the certified letter, I will be removed from the active Patient list of Sparrow Medical Group.

- There may be a fee charged for any missed appointment. The current fee for a missed appointment ranges from $25 to $80.

Please Note: Parents and/or legal guardians will be held responsible for the appointments of minor children. The current fee for a missed appointment is $25 to $80. Your insurance company will not cover this fee. You will not be able to be seen without payment of this fee.

I have read the above policy in its entirety and fully understand that the above information relates to me and to my family members.

Patient Signature _____

Patient Printed Name _____

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Patient Date of Birth _____ Today's Date_____