

Acknowledgement of Receipt of Privacy Practices

THOMAS S. SIEGEL, M.D., P.C.

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

_____ Date

_____ Print Name

_____ Signature

I allow Dr. Siegel to discuss my care with _____ relationship _____

_____ relationship _____

FINANCIAL POLICY (required by all Insurance Companies)

1. PATIENT RESPONSIBILITY – That the patient or legal representative is ultimately responsible for all charges (including deductibles and co-payments) that are incurred.
2. THIRD PARTY LITIGATIONS – The physician will not become involved in disputes arising from third party claims (auto accidents, liability claims etc.) with the exception of verified workman compensation claims or claims involving Medicare and Medical Assistance.
3. PRIOR UNPAID BALANCES – Prior to providing services, payment may be required or office manager must approve payment arrangement.
4. PAYMENT AGREEMENTS – If patient is unable to make a full payment of patient balance for previous or current services, patient should create a payment agreement with the office manager.
5. PAYMENT METHODS – The following methods will be accepted: cash, check, money order or credit card.
6. RETURNED CHECK FEE – A fee of \$30.00 will be added for each returned check.
7. COLLECTIONS – If payment has not been received **within 90 days**, patient risks being sent to collections.
8. REFUNDS – Overpayments will be refunded to the appropriate party. Patient refunds will not be provided until all active and past due accounts are paid in full. Patient refunds of \$10.00 or less will not be processed unless specifically requested.
9. HMO PATIENTS – It is your responsibility to make sure that you have proper authorization to be seen by Dr. Siegel.
10. INSURANCE CONTRACT – Your insurance contract is between you, your employer and/or insurance company. We cannot guarantee payment of all claims. If your insurance company only pays a portion of the bill or rejects the claim, an explanation should be made available to the policyholder. Reductions or rejections do not relieve your financial obligations.

NOTICE: By Federal Law and Managed Care Contract Laws, this office is required to collect co-payments and deductibles for each encounter. Penalty for not following this requirement could result in the termination and cancellation of medical coverage for the patient.

I ACCEPT AND UNDERSTAND THIS PATIENT CONSENT FORM and FINANCIAL POLICY

Patient Name _____ Signature _____

Date _____

Relationship to Patient _____

Patient requests a copy of signed form

THOMAS S. SIEGEL, M.D., 18181 OAKWOOD BLVD., #307, DEARBORN, MI 48124 (313-593-0810)