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Welcome to our office. It is our mission to provide you with the best personalized medical care.

Your care

Welcome to our office. As a specialist we will work with your referring physicians, including Primary Care physicians to coordinate all aspects of your care. Our practice will communicate and support treatment plans and health plans set by your Primary Care Physician. Our office is available to you at all times with access to a clinical decision maker, by phone or via email or fax, and we can address urgent appointments in a timely manner, depending on your medical needs. A list of urgent care facilities in close proximity to this office is available for your convenience upon request.

Confidentiality Release

If I am not available to accept laboratory or test results myself, I will permit the staff of Neal Alpiner, M.D., PLLC, The Alpiner Group to give the results to (signature page 4):

Consent for Treatment

I hereby voluntarily request to authorize my physician, Neal Alpiner, M.D., PLLC and The Alpiner Group to provide medical treatment and care, including but not limited to, diagnostic procedures, x- rays, and administration of medication as is deemed necessary and advisable. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results or the care of treatment which I have hereby authorized.

I authorize Neal Alpiner, M.D. and The Alpiner Group, to release information regarding myself or my dependent to my insurance company and agree to have my insurance company pay Neal Alpiner, M.D. PLLC and The Alpiner Group directly for services rendered relating to my treatment. **I understand that I will be held accountable for any balance left owing under the provision of my policy.**

I further understand that my treatment may require more than one occasion of service therefore this consent shall carry full force and effect from the date of signature until I am discharged from further outpatient treatment.

I understand that the verification of benefits does not guarantee payment. I acknowledge that it is my responsibility to obtain a referral or authorization for treatment and I will be responsible for any and all bills that are not covered by my insurance company pertaining to my treatment.

Financial Policies and Agreement

It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions and limitations as well as authorization requirements. This information is furnished by your insurance carrier. If we are filing your claim, we will allow forty-five days from the filing date for the carrier to process your claim and make payment. If an insurance payment is not received within this time frame, we will notify you to clear your account. Insurance filing is done as a courtesy to you and does not dismiss your responsibility to pay for services. We attempt to verify that your coverage is valid at the time of your visit. If your coverage is not in effect at the time of your visit, or the service is not a covered benefit, *the financial responsibility is yours.*

Insurance or Address Changes

You must notify the office of any insurance or address changes. Insurance verification is needed for each and every date of service.

Missed or Cancelled Appointments

There is a 24-hour cancellation policy. A \$50 charge will be assessed for appointments not cancelled by the day prior to your appointment. These charges cannot be billed to insurance and must be paid before obtaining future services. If you missed your scheduled appointment time arriving late, we reserve the right to reschedule your appointment time.

Co-payments, Co-Insurance and Deductibles

Co-insurance and co-payments are the patient's responsibility. Co-pays are due at the time of visit. You should be prepared to make payment for these when in the office. Failure to pay a required co-payment will incur a \$20 charge. Deductibles are the patient's responsibility. The deductible is determined by the contract that you have with your insurance carrier. We do not know how much each person's deductible is and how much has been met at the time of your visit. You will be responsible for a \$35.00 service fee if your check or credit card payment is returned or denied.

Referrals

It is your responsibility to obtain referrals if required by your insurance plan. We are a specialist office and most referrals need to be obtained through your primary care physician office.

Authorizations

Your health insurance may require pre-authorization, or prior authorization, for certain drugs and procedures, especially those that are risky or expensive. For these services, your insurer must determine medical necessity and authorize their use before agreeing to pay. Our office will submit for prior authorization in a timely manner, but it is ultimately your insurance company that decides if and when treatment and payment will be made.

Non-Covered Services

All patients are responsible for “non-covered” services if denied or not covered by their insurance provider.

Litigated/Worker’s Comp Issues

Our office cannot legally bill your private insurance if there is pending litigation or if there is a Workman’s Compensation claim. It is the responsibility of the patient/guarantor to disclose potential/impending litigation or potential Workman’s Compensation filing. Failure to do so constitutes insurance fraud associated with legal consequences. *Worker’s Compensation claims must receive authorization before being seen.*

Auto Insurance

We will bill your auto insurance as a courtesy. It is patient’s responsibility to know billing order for insurance. Patient is financially responsible for payment for all services rendered. Depending on how your personal automobile policy is written will determine if Auto is primary or Secondary insurance. If your auto is secondary, you will be responsible for all accompanying co-pays that are associated with your primary health insurance. Please check your insurance **before** your appointment. We must receive an open claim letter from your insurance carrier in order to bill them.

We must know your health insurance for all claims we bill. We must receive a denial from your health insurance before Auto claims can be billed in most cases. Withholding healthcare information may be considered insurance fraud and you may be subject to financial as well as criminal penalties. Failure from compliance with result in immediate dismissal from The Alpiner Group.

Paperwork Fees not reimburseable by Insurance – Must be paid in advance

There is a \$25 minimum fee for all patient paperwork not covered by your insurance policy. Fees are to be paid in advance of releasing forms; *School forms, Camp forms, Sports participation forms,*

Disability forms, FMLA forms, Life insurance forms, Paperwork for patient assistance programs, Referrals, Refills or prescription changes handled outside of an office visit, No-show fees, Medical Record Copies.

Insurance Requests

You are responsible for responding to any request from the insurance company for further information (i.e. accident/injury, coordination of benefits, etc.). Not responding to such a request will result in a claim denial and you will be responsible for payment.

Billing Issues

We are happy to bill your medical insurance for you. Please understand that our billing service is offered as a courtesy to you. It does not obligate us to wait indefinitely for payment by your carrier.

Co-payments and any prior balances, including co-insurance and/or deductible are required to be paid before every visit. We reserve the right to reschedule your appointment if you are not prepared to pay your account balance.

Patient balances (balances after insurance processing or charges not covered by insurance) are due immediately. Any account 60 days past due will incur a \$20 service charge. Accounts 90 days past due will be sent to a collection agency and further elective medical care will be denied.

Collection Accounts

In the case your account is forwarded to a collection agency, you are responsible to pay reasonable attorney fees if applicable. There is a 35% surcharge for all accounts that are in collections.

We emphasize that as a medical care provider, our relationship is with you and not your insurance company. **It is your responsibility to know your policy.**

Again, we thank you for choosing The Alpiner Group as your healthcare provider, and we are here to help you!