



830 WEST LAKE LANSING ROAD · EAST LANSING, MI 48823 · 517.333.3777 · FAX 517.203.3956

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## WELCOME TO OUR OFFICE

**Patient Name:** \_\_\_\_\_

You are scheduled for an appointment with **Dr.** \_\_\_\_\_

**Appointment Date & Time:** \_\_\_\_\_ at \_\_\_\_\_

Please complete the enclosed forms to ensure our information is accurate, up-to-date, and bring them to your appointment along with your **insurance card/s and driver's license**. If you have been a previous patient with one of our physicians within the past seven years, please notify our office staff as soon as you receive this paperwork. It is **VERY IMPORTANT** that you complete the enclosed forms **before** your appointment time. If you do not fill out paperwork before your appointment, you need to be at our office at least 30 minutes prior to your appointment time to complete paperwork. Failure to do so will increase the waiting time for you and other patients. **If this is a first visit for you, please be prepared your office visit may take up to 1-1/2 to 2 hours to complete x-rays and examination.**

**\*\*\*\*\*BRING ALL X-RAY FILMS AND MRI, CT OR  
BONE SCAN REPORTS OF THE BODY PART TO BE EXAMINED. \*\*\*\*\***

**INSURANCE:** It is the **patient's responsibility** to check with your insurance/s prior to your visit to verify coverage, deductibles and co-payments. Please be advised not all of our physicians participate with all insurances, it is your responsibility to confirm if your insurance participates with the scheduled provider. If the provider does not, you will be financially responsible for all charges. Again, please contact your insurance company to determine your exact benefits. Our staff will be happy to answer questions regarding our physician's participation with various insurance plans.

**AUTHORIZATIONS:** If your insurance requires authorization from your primary care provider, it is your responsibility to provide authorization on the day of your appointment. This office has requested information from your primary care provider to ensure a smooth registration for your appointment. Please contact your primary care provider to ensure they have completed the request. If you do not have the necessary authorization we may need to **RESCHEDULE** your appointment. The following are a few insurance companies that require authorization: Blue Care Network, Blue Choice, Messa/TriMed, Tricare, Aetna, SPHN, McLaren Health Plan, Ingham Health Plan, PHP Family Care and Mid-Michigan Health Plan. If you belong to an HMO, Medicaid HMO or other insurance not listed please confirm with them if you need an authorization.

**WORKER'S COMPENSATION/AUTO/PERSONAL INJURY:** If you are being seen for an injury due to work, auto, or personal injury claim, you must provide a copy of the incident report, written authorization, the name of the case manager and his/her contact number. This will assist with payment from the insurance company for your claims. The authorization must include: insurance address, claim number, claim adjustor's name and contact number, and the date of injury. If you do not have written authorization we will have to **RESCHEDULE** your appointment.

**MINORS:** Minors must be accompanied by a parent or by another adult with written permission from the parent.

**FINANCIAL POLICY:** We accept cash, check, Visa and MasterCard for co-pays, deductibles and non-covered services. Payment is expected at the time of service. For patients with BCBSM Master Medical and insurance companies that we do not participate with, payment is expected in full and as a courtesy we will submit a claim to your insurance company.