BELLEVILLE LAKE PEDIATRICS
FINANCIAL POLICY

Please read this Financial Policy carefully. Our goal is to provide quality medical care while maintaining clear communication regarding financial responsibilities. If you have any questions, please contact our office. This policy applies to all services provided by Belleville Lake Pediatrics unless otherwise required by law or a written agreement. In this policy, "**patient**" means the individual receiving care; "**responsible party**" means the patient or, for a minor patient, the parent, legal guardian, or other person legally responsible for the patient's care and charges; and "**practice**," "**we**," and "**our**" mean Belleville Lake Pediatrics. This policy is governed by, and will be applied in accordance with, applicable Michigan and federal law.

PAYMENT

1. Payment

The patient or responsible party is responsible for all charges for services rendered by Belleville Lake Pediatrics, including but not limited to co-payments, deductibles, co-insurance, and any services not covered or denied by your insurance plan. Co-payments, and any deductible or co-insurance amounts that can be determined at the time of the visit, are due at the time services are rendered unless prior arrangements have been made.

For minor patients, the parent or legal guardian who accompanies the child, or who has legal authority to consent to the child's treatment, is the responsible party for all charges incurred. The practice will not become involved in custody or divorce disputes. A divorce decree, custody order, or private agreement allocating medical expenses is binding only between the parents or guardians and not on the practice; any reimbursement owed between parents or guardians must be resolved between them.

Where Michigan law permits a minor to consent to his or her own care—for example, confidential services relating to sexually transmitted infections under MCL 333.5127 or substance use disorder services under MCL 333.6121—the minor may be the responsible party for those services, and the practice will handle billing, insurance claims, and statements for those services in a manner that respects applicable confidentiality requirements under Michigan and federal law.

A minor who is not accompanied by a parent or legal guardian, or who is brought to the practice by another adult (such as a grandparent, step-parent, or caregiver), may be seen for non-emergency care only if a parent or legal guardian has provided written authorization to the practice.

An emancipated minor, or a minor who is otherwise legally responsible for his or her own care, is treated as an adult for purposes of this policy and is the responsible party for his or her own charges. The practice may request documentation of emancipation.

2. Insurance Coverage

We will make reasonable efforts to verify your insurance benefits and to submit claims to your insurance company on your behalf; however, you are responsible for providing current and accurate insurance information and your insurance card(s) at each visit, and for promptly notifying us of any change in coverage. Your insurance policy is a contract between you and your insurer, and you are therefore responsible for understanding your coverage and benefits.

Verification of insurance benefits is not a guarantee of payment. Final payment responsibility is determined by your insurance carrier according to the terms of your policy.

If your insurance plan requires a referral, prior authorization, or pre-certification for a service, you are responsible for knowing those requirements and for ensuring that any required referral is obtained before the service. Our staff will submit prior-authorization requests that the practice is responsible for submitting, but charges denied because a required referral or authorization was not obtained may become your responsibility to the extent permitted by your plan and applicable law.

If the patient is covered by more than one insurance plan, you must provide information about all coverage so that benefits can be coordinated. We will bill the primary plan and, as a courtesy, any secondary plan. You

are responsible for responding to coordination-of-benefits or other information requests from your insurer, and charges denied because such requests were not answered may become your responsibility.

You are responsible for all services not covered or denied by your insurance plan, and you agree to pay any amounts owed within the time frame specified in billing statements.

If Belleville Lake Pediatrics does not participate with your insurance plan, you may be responsible for payment directly to the practice, subject to any protections available to you under the federal No Surprises Act and applicable Michigan law.

Any estimate provided by Belleville Lake Pediatrics regarding insurance coverage or patient responsibility is based on the information available at the time, including information from your insurer, and is not a guarantee of the final amount owed; your actual responsibility will be determined after your insurer processes the claim.

Assignment of Benefits**:** I authorize payment of medical benefits directly to Belleville Lake Pediatrics for services rendered, and I authorize the practice to release to my insurer(s), and to their agents, the health information necessary to process claims and obtain payment, consistent with HIPAA and applicable Michigan law. I understand that I remain financially responsible for all charges not paid by insurance.

Refunds and Credit Balances**:** If an overpayment or credit balance occurs on your account, we will refund it to the person or payer entitled to it within a reasonable time after the overpayment is identified, consistent with applicable law and insurance contract requirements. With your permission, a credit balance may instead be applied to other outstanding balances on the account.

Newborn Insurance Enrollment: Parents or legal guardians are responsible for ensuring that their newborn is enrolled in health insurance within the applicable enrollment period. Insurance information should be provided to Belleville Lake Pediatrics no later than the child's 1-month well-child examination whenever possible. If insurance coverage has not been established by the date of service, the family may be required to pay the practice's self-pay rate at the time of the visit, provided that such payment is permitted by applicable law and insurance agreements. Families with pending insurance enrollment should notify the practice before the appointment. This requirement does not apply to services covered by Medicaid or other government-sponsored programs for which patient billing is prohibited.

3. Self-Pay

Belleville Lake Pediatrics welcomes self-pay families.

Self-pay rates are available upon request and will be discussed before your appointment. Self-pay rates may be higher than, lower than, or the same as the amount that would apply if you used insurance. Payment is expected at the time of service unless alternative arrangements have been made.

Good Faith Estimate**:** Under the federal No Surprises Act, if you are uninsured or do not plan to bill insurance for a service, you have the right to receive a Good Faith Estimate of the expected charges for scheduled services or upon request. If your final bill is at least $400 more than your Good Faith Estimate, you may dispute the bill through the federal patient-provider dispute resolution process. For more information, visit www.cms.gov/nosurprises or call 1-800-985-3059.

4. Payment Methods

Accepted payment methods include cash, checks, major credit and debit cards, and HSA/FSA cards. Returned checks may be subject to a processing fee, together with any fee charged to the practice by its financial institution, up to the amount permitted by Michigan law (MCL 600.2952).

5. Well-Child Visits and Additional Medical Concerns

Most insurance plans cover routine preventive care without patient cost-sharing when applicable coverage requirements are met.

If an additional medical concern is evaluated or managed during a well-child visit, such as an ear infection, rash, or ADHD medication adjustment, a separate problem-focused service may be billed.

Depending on your insurance plan, this may result in an additional copayment, deductible, or coinsurance responsibility.

BILLING AND COLLECTIONS PROCEDURES

1. Billing Process

We will submit claims to your primary insurance company on your behalf. Once your insurance company has processed the claim, a billing statement will be issued for any remaining patient responsibility, including applicable deductibles, coinsurance, and non-covered services.

Payment is due upon receipt of the statement. Balances remaining unpaid 30 days after the statement date will be considered past due and may be subject to additional billing reminders or collection efforts.

For billing or account inquiries, please contact our office.

By providing an email address or mobile telephone number, the patient or responsible party consents to receive billing statements, account notifications, and payment reminders at that email address or number, including by text message or automated or prerecorded calls, as permitted by applicable law. These communications will contain only the minimum necessary information and will not include detailed protected health information. Standard message and data rates may apply. Consent is not a condition of receiving care, and the patient or responsible party may opt out of or revoke this consent at any time by notifying our office in writing or by following the opt-out instructions in the message.

2. Collections and Non-Payment

Balances that remain unpaid 30 days after the statement date will be considered past due. Families with past-due balances may receive additional statements or payment reminders. Balances remaining unpaid 90 days after the statement date will receive a final written notice. If payment or satisfactory arrangements are not made, the account may be referred to an outside collection agency no sooner than 30 days after the date of that final notice. Any reporting of an account to a consumer reporting agency, by the practice or its collection agency, will be made only as permitted by and in accordance with the Fair Credit Reporting Act and other applicable law.

Belleville Lake Pediatrics understands that unexpected medical expenses can create financial difficulties. Payment plans are available as described in Section 3 below, and we encourage families to contact our office to discuss arrangements before an account becomes delinquent.

Accounts with active payment arrangements or unresolved billing disputes will not be referred to collections while those arrangements are being honored or disputes are under review. All collection activities will comply with applicable laws and insurance program requirements.

To the extent permitted by applicable law, patients or responsible parties will be responsible for reasonable collection costs, court costs, and reasonable attorney fees incurred as a result of balances referred for collection. Any collection agency or attorney retained by the practice must comply with the applicable state and federal collection practices laws.

Persistent failure to meet financial obligations or establish reasonable payment arrangements may result in termination of the physician-patient relationship, at the discretion of Belleville Lake Pediatrics and in accordance with applicable laws and insurance requirements. Before termination of care, families will receive written notice, typically at least 30 days before the effective date of discharge, and a reasonable opportunity to establish care with another healthcare provider. Appropriate continuity-of-care arrangements will be made to avoid interruption of necessary medical treatment, consistent with Michigan standards governing patient abandonment and the terms of applicable payer contracts. During the notice period, the practice will remain available for emergency and urgent care, and medical records will be transferred to the new provider upon request and appropriate authorization. Patients covered by Medicaid or other government-sponsored programs will not be discharged solely for unpaid amounts for which they are not legally responsible.

The practice reserves the right to require payment of outstanding balances prior to scheduling non-emergent future appointments where permitted by law and applicable insurance agreements. This requirement will never apply to emergency or urgent care, and no patient will be denied emergency or urgent care because of an outstanding balance.

3. Financial Assistance

Payment plans may be available for larger balances. Please contact our office to discuss available arrangements. We encourage families experiencing financial hardship to communicate with us so we can work together toward a reasonable solution.

SPECIFIC CHARGES AND FEES

1. Appointment Related Fees

We ask that families provide at least 24 hours' notice when canceling or rescheduling an appointment.

Appointment reminders provided by telephone, text message, email, or patient portal are a courtesy. Failure to receive a reminder does not relieve a patient of responsibility for attending or canceling a scheduled appointment.

The following fee structure applies separately to (a) missed appointments and cancellations made with less than 24 hours' notice, and (b) arrivals more than 15 minutes late: a written warning for the first occurrence, a $25 fee for the second occurrence, and a $50 fee for each occurrence after that. These fees are the responsibility of the patient or responsible party, are not billable to insurance, and will not be charged to patients covered by Medicaid (including Michigan Medicaid Health Plans) or when otherwise prohibited by law or an applicable payer contract.

Patients who arrive more than 15 minutes late may be asked to reschedule so that care for other patients is not delayed; when the schedule permits, the practice will make reasonable efforts to see the patient, and urgent medical concerns will be triaged appropriately.

We understand that unexpected circumstances arise and encourage families to contact us as soon as possible. Fees may be waived at the practice's discretion.

After three missed appointments or late cancellations, continued care with the practice may be reconsidered, subject to applicable patient-care and insurance requirements.

2. Administrative Fees

Medical records requested for continuity of care with another healthcare provider will be transferred without charge. Electronic copies of medical records requested by patients or authorized representatives are available without charge through our standard electronic process.

Patients and their personal representatives have the right to access and obtain copies of their medical records under the HIPAA Privacy Rule (45 C.F.R. § 164.524) and the Michigan Medical Records Access Act (MCL 333.26261 et seq.). Any fee for other record requests, when permitted, will be a reasonable, cost-based fee that complies with those laws. Any applicable fee will be communicated before the records are provided. Routine record requests are generally fulfilled within 10 business days and no later than required by law.

There is no charge for completion of routine school, camp, sports, or work permit forms for established patients. More complex forms (for example, FMLA, disability, or other extensive paperwork) may be subject to a fee, which will be disclosed in advance. Please allow 3-5 business days for forms submitted outside of an appointment. A current fee schedule for appointment-related and administrative fees is available upon request.

MEDICAID AND GOVERNMENT-SPONSORED PROGRAMS

Patients covered by Michigan Medicaid, MIChild, Healthy Kids, a Medicaid Health Plan, or other government-sponsored programs will be billed in accordance with applicable program requirements. Belleville Lake Pediatrics will not bill Medicaid, MIChild, or Healthy Kids beneficiaries, or their parents or legal guardians, for covered services, and will not charge these beneficiaries missed-appointment or late-arrival fees.

Patients must present a current mihealth card and any Medicaid Health Plan card at each visit, and must promptly notify our office of any change in eligibility, health plan enrollment, or other insurance coverage. Because Medicaid is the payer of last resort, any other insurance coverage must be disclosed so that claims can be billed in the proper order.

GENERAL PROVISIONS

1. Changes to This Policy

Belleville Lake Pediatrics may revise this Financial Policy from time to time. Changes will be communicated by posting the revised policy in our office and on our patient portal or website, or by written notice to the patient or responsible party, and will apply only to services provided on or after the effective date of the change.

2. Severability

If any provision of this Financial Policy is determined to be invalid or unenforceable under applicable law, that provision will be limited or modified to the minimum extent necessary, and the remaining provisions will continue in full force and effect.

3. Governing Law

This Financial Policy shall be governed by and construed in accordance with the laws of the State of Michigan, without regard to its conflict-of-laws principles, and applicable federal law.

4. Non-Discrimination

Belleville Lake Pediatrics does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, or any other characteristic protected by federal or Michigan law, including Section 1557 of the Affordable Care Act and the Michigan Elliott-Larsen Civil Rights Act. Where required by applicable law, emergency and medically necessary services will be provided regardless of a patient's ability to pay, and payment-plan and financial-assistance options are offered to all families on a consistent basis.

5. Privacy of Billing Information

Billing, insurance, and payment information, including information shared with insurers, payment processors, and collection agencies, will be used and disclosed in accordance with the Health Insurance Portability and Accountability Act (HIPAA), applicable Michigan law, and our Notice of Privacy Practices.

6. Effective Date

This Financial Policy is effective as of January 1, 2027.

PATIENT ACKNOWLEDGEMENT

I acknowledge that:

- I have received, read and understand this Financial Policy.
- I understand my financial responsibilities for medical services.
- I understand the practice's billing and collection procedures.
- I understand that I may dispute a charge by notifying the practice in writing within 60 days of the statement date, and that a disputed amount will not be referred to collections or reported to a consumer reporting agency while the dispute is under review.
- I understand that payment plans and financial-assistance information are available upon request.
- I understand fees for missed appointments and administrative services.
- I agree to pay all charges incurred for medical care provided to me or my child.
- I understand that this policy may be updated and that I will be notified of changes by posting in the office, on the patient portal or website, or by written notice.
- I understand that verification of insurance benefits is not a guarantee of payment.
- I understand that if I am uninsured or choose not to use insurance, I have the right to receive a Good Faith Estimate of expected charges under the federal No Surprises Act, and I may dispute a bill that is $400 or more above that estimate.
- I understand that I am responsible for charges not paid by my insurance carrier.
- I authorize payment of insurance benefits directly to Belleville Lake Pediatrics when applicable.
- I consent to receiving billing-related communications electronically when permitted by law, and I understand that I may revoke this consent at any time by written notice to the practice.

By signing below, I certify that I have read, understand, and agree to comply with this Financial Policy. I acknowledge that I am financially responsible for all charges not paid by insurance and that this policy applies to all services provided by Belleville Lake Pediatrics unless otherwise required by law or written agreement.

SIGNATURES

Patient (If 18 Years of Age or Older)
Signature: _____
Printed Name: _____
Date**:** ____ / ____ / _____

Parent or Legal Guardian (If Patient Is a Minor)
Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date**:** ____ / ____ / _____

Responsible Party (If Different from Patient or Parent/Legal Guardian Above)
Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date: ____ / ____ / _____

Optional Card on File Authorization

□ I authorize Belleville Lake Pediatrics to securely maintain my credit/debit card information for future patient responsibility balances after insurance processing.

□ I decline to maintain a card on file.

Before any charge is processed, the practice will send a statement or other written or electronic notice of the amount due at least 7 days in advance, giving me an opportunity to question or dispute the charge.

I may revoke this authorization at any time by providing written notice to the practice; revocation will not affect charges already processed.

Card information will be stored only through a PCI DSS-compliant payment processor and will not be retained in my medical record.

This authorization remains in effect until I revoke it in writing or the card expires, whichever occurs first.

Cardholder Name: _____

Cardholder Address: _____

Card Type: □ Visa □ MasterCard □ American Express □ Discover □ HSA/FSA

Last Four Digits of Card: _____

Signature: _____

Date: _____