GENERATIONS
OB+GYN

PROVIDING EXCELLENCE IN WOMEN'S HEALTHCARE

AUTHORIZATION AND FINANCIAL RESPONSIBILITY AGREEMENT

Healthcare services are based on a mutual understanding of the responsibilities between provider and patient. We encourage you to read the following information.

Your insurance policy is a contract between you and the insurance company. Generations is not involved in that contract. We do submit the billing for services rendered. Insurance policies vary greatly in benefits, especially with OB-GYN services, and may not cover some of the services offered. It is your responsibility to review and clarify what your policy includes and know what is considered a covered benefit.

Insurance companies can change networks at any time. It is necessary for you to verify both Generations OB-GYN and Corewell Health Royal Oak are "In-Network". If Generations OB-GYN is not in-network you will be responsible for the full amount of services rendered, including billing sent to Corewell Health for processing.

For reference our tax ID number is 38-2849141.

I authorize my insurance company to directly pay Generations OB-GYN any professional or medical expense benefits for services rendered. If my insurance company does not pay my balance **within 30 days**, I will be responsible for inquiring with my carrier about the delay. I understand that ultimately it is my responsibility for payment of services rendered.

I understand it is my responsibility to inform this office of any medical insurance changes.

I authorize Generations OB-GYN to release any information pertinent to my care to any insurance company, adjustor, or attorney involved; and, hereby, release Generations OB-GYN from any consequence thereof. A photocopy of this assignment shall be considered as effective and valid as the original.

FINANCIAL RESPONSIBILITY

Please understand that if the payment becomes 30 days past due, it is considered delinquent. Delinquent accounts will be charged a 5^{00} monthly statement fee. We partner with a collection agency and the fees, which are based on 27% of the debt, will be paid by the patient.

Collection accounts that remain delinquent after 90 days will result in a physician/patient relationship termination. Additionally, I agree to pay all costs, expenses and reasonable attorney fees incurred in such collection efforts.

CANCELLATION POLICY: Office appointments not cancelled within a 24-hour notice will result in a $50 patient charge. Additionally, all hospital and in-office surgical appointments not properly cancelled are charged $250.
Thank you for your understanding.

OVERPAYMENT REFUND POLICY: It is our policy to refund overpayments to either the guarantor on the account or the insurance company in accordance with contract mandates. To make this process cost effective, refunds will be issued quarterly to patients.

Returned checks will be assessed a $35 fee.

_____ _____
**Signature of patient or responsible party* *Date*

If you are the 'responsible party' *(not the patient)*, please fill out the following:

_____ _____ _____
Print name *Relationship to patient* *Phone number*

_____ _____ _____ _____
Address *City* *State* *Zip*

**If patient is under 18 yrs of age, a parent or guardian signature is required.*

Rev 11/25

39533 Woodward Ave ▪ Ste 140 ▪ Bloomfield Hills MI 48304 ▪ Ph (248) 647-9860 ▪ Fx (248) 647-9864 ▪ www.generationsobgyn.com

John R. Sanborn, MD
Jacalyn A. McCloskey, MD
Kathleen D. Huston, MD
Jamie H. Loehrke, MD
Ida A. Lippincott, MD
Paul S. Sobolewski, MD
Lauren E. Perlin, MD
Erica H. Brockberg, MD
Torey D. Asao, MD
Taylor J. DeGiulio, MD
Cheryl L. Thomson, PA-C
Jennifer M. Annetta, WHNP-C
Katherine L. McDonald, PA-C
Erin M. Good, NP-C
Jeanna M. Mastracci, WHNP-C