

Woods Cardiovascular Internal Medicine Associates, P.C.

ALL BOARD CERTIFIED-BOARD OF INTERNAL MEDICINE

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Michael L. Faber, M.D

INFORMATION FOR OUR PATIENTS

SERVICES: All services provided are billable.

MEDICARE PATIENTS: Medicare regulations require that all procedures be accompanied by signed Physician orders. Please bring in your test orders when you return to the office for your procedures. Failure to bring in the appropriate forms will cause delays while duplicate orders are prepared and signatures obtained.

PRECERTIFICATION: Please inform us if Pre-Certification for hospital confinement or surgery that is required by your insurance carrier. Failure to do so may reduce the amount otherwise payable by your insurance company.

PRESCRIPTIONS: All prescriptions, refills, and sample requests may take up to **48** hours to fill. Please make your request in plenty of time so you do not run out of your medication. **Prescription # (586)776-4200 Option #4.**

FORM COMPLETION: There is a **\$15.00** fee for each completed form or letter that you request from your Physician. We ask that this paperwork is picked up at the office upon collection of the fee.

MONTHLY STATEMENTS: We send statements for charges greater than \$5.00. All accounts which are 90 days past due will be turned over to our collection agency. Such a method of collection entails a collection fee, which will become your obligation to pay as well.

APPOINTMENTS: If you find that you cannot keep your scheduled appointment, we ask that you cancel at least 24 hours in advance. Failure to cancel within 24 hours' notice or "no shows" will result in a cancellation charge of \$15.00 per appointment. This charge must be paid in full prior to rescheduling.

TESTING: It is the patient's responsibility to check with their insurance companies to make sure all testing is covered at this office. If your doctor ordered a test for you, please call your insurance company and **MAKE SURE** this test is a covered benefit through Woods Clinic **before** your appointment. If you fail to do so and your insurance company does not pay, the balance will become your responsibility.

RETURNED CHECKS: There is a fee (currently **\$35.00**) for any checks returned by the bank.