



Patient Financial Responsibility Reminder

Thank you for choosing Henry Ford Health System (HFHS) for your health care needs. This document describes your financial responsibilities for your care.

Insurance

- Your insurance policy is a contract between you and your insurance company. It is your responsibility to understand your plan's specific rules regarding covered services, approved providers, referrals, authorizations and out-of-pocket payments. Please call your health plan for more information.

Proof of Insurance

- It is your responsibility to make sure your health insurance is active before scheduling medical services and to inform HFHS staff of any changes to your health insurance.
- It is important to have your correct insurance information on file to help us correctly bill your insurance. You will be responsible for any charges incurred if the information provided is not correct.
- Please bring your insurance card(s) and ID with you to each appointment.

Medicare Patients

- Medicare may not cover all of the services that your doctor recommends.
- You will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) explaining which services are not covered.
- If you have a secondary insurance to cover these costs, please let us know.

Accepted Insurance Plans

- We have contracts with many insurance companies. For a full list of insurance plans accepted by HFHS please visit henryford.com/billing.
- If you are enrolled in a health insurance plan that does not contract with HFHS, you can still see a HFHS doctor with an approved referral and/or authorization.

Referrals

- It is your responsibility to know if your insurance company requires you to have a written referral to see a specialist. If you are not sure, please contact your insurance company to review the details of your plan.
- Please make sure you have the required referrals before scheduling your HFHS visit.

No Insurance/Self-Pay

Patients with no insurance (self-pay patients) are required to make deposits before services are rendered, except for in the event of an emergency. We describe Self-Pay as:

- A patient who cannot provide **proof of valid health insurance** and there is none on file
- A patient who requests **health services that are not covered by his or her insurer**
- A patient who is enrolled in a **health plan that is not accepted by HFHS and does not have a required referral or authorization**

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Payments Due at Appointment Check-In

- Co-payments are collected at the time you check-in for your appointment.
- Insurance deductibles, co-insurance and other insurance fees for services will be billed to you.
- Self-Pay patients will be asked to pay a minimum self-pay deposit at check-in. Full payment of estimated charges is due before high-cost testing, procedures and surgery are provided.
- We accept cash, checks, money orders, and major credit cards including VISA, MasterCard and American Express.

Self-Pay Deposit Requirements	
Service	Minimum Required Deposit
Office Visits	\$50 deposit before each visit
Testing, Procedures and Surgeries	100% of estimated charges

For more information visit henryford.com/pricing

Billing

- If you owe additional money after your visit, you will receive a billing statement.
- All balances are due in full within 20 days of the date on your billing statement.
- If you cannot pay the balance in full within 20 days, please contact our Customer Service Department at 1-800-999-5829 Monday - Friday 8:30 am to 5:00 pm to see if you qualify for other payment options.

Non-Payment

- Any unpaid balance must be paid by the due date on your billing statement or your bill will be turned over to a debt collector.
- Non-payment may affect your ability to schedule future appointments.

Refunds

- If you make an overpayment on your account, the overpayment will be applied to your outstanding balance.
- If there is no outstanding balance, the overpayment will be refunded to you by mail.

Patient Financial Assistance

The Healthy Michigan Plan is accepting applications from low-income Michigan residents without health insurance. If you are having trouble paying for your care, apply for the Healthy Michigan Plan.

1. Online at www.michigan.gov/healthmyiplan
2. Contact the Michigan Healthcare Helpline at 1-855-789-5610
3. Visit your local Department of Human Services office to apply in person. A list of offices can be found online: www.michigan.gov/dhs-countyoffices

If you are denied for the Healthy Michigan Plan, you can apply for discounts on a health insurance plan through the **Health Insurance Marketplace**. For more information on the Health Insurance Marketplace and to apply, visit www.HealthCare.gov or call 1-800-318-2596.

HFHS Patient Financial Assistance Program

If you are ineligible for Medicaid or Healthy Michigan and to purchase health insurance on the Health Insurance Marketplace, HFHS offers assistance in helping you navigate to your next financial solution. To request assistance please call 800-999-5824.

Henry Ford Health System accepted health plans					
Healthy Michigan Plan	HAP Midwest Health Plan HMO**	Molina Healthcare HMO	United Healthcare Community Plan	Coventry Cares*	Meridian Health Plan*
	Henry Ford Hospital	X	X		X
Henry Ford Medical Group	X	X		X	X
Henry Ford Macomb Hospitals	X		X	X	X
Henry Ford West Bloomfield Hospital	X	X		X	X
Henry Ford Wyandotte Hospital	X	X		X	X

Henry Ford Health System accepts select products offered by these companies							
Health Insurance Marketplace	HAP - Personal Alliance**	McLaren Health Plan	Priority Health	Total Health Care	Blue Cross Blue Shield of Michigan	Blue Care Network	Humana
	Henry Ford Hospital	X	X	X	X	X	X
Henry Ford Medical Group	X	X	X	X	X	X	
Henry Ford Macomb Hospitals	X	X	X	X	X	X	X
Henry Ford West Bloomfield Hospital	X	X	X	X	X	X	
Henry Ford Wyandotte Hospital	X	X	X	X	X	X	

* Henry Ford Medical Group primary care physicians are only in network for pediatric patients (patients 18 years old and under.)

** Disclosure: HAP is a wholly-owned subsidiary of Henry Ford Health System.