

Troy Gastroenterology, PC

Sante D. Bologna, M.D., FACP
John R. Weber, M.D.
Richard T. Wille, M.D.
Partha S. Nandi, M.D., FACP

Surgical Centers of Michigan, LLC

M. Emin Donat, M.D., FRCPC
Leonard G. Quallich, M.D.
Anezi E. Bakken, M.D., MS

Macomb Endoscopy Center, PLC

Wael H. Refai, M.D.
Kerri A. Bewick, D.O.
Amir Abadir M.D., FRCPC

Billing Department (586) 726-8423

HIGH COST DEDUCTIBLE HEALTH INSURANCE SUBSCRIBER

Patient Name: _____

Insurance: _____ Date _____

As you are aware, there has been an ongoing trend in healthcare to have patient's shoulder a larger portion of their medical expenses, even with high quality insurance plans. In an attempt to keep insurance premiums from sharp increases, insurance carriers are creating plans that have large deductibles. A "deductible" means that before an insurance carrier pays for any expense, the patient will be required to pay a set amount of money out of pocket as determined by your insurance company. Insurance deductibles can range from \$500 to over \$10,000.

Our office has verified your insurance benefit. We were informed that your plan has a large deductible that has not yet been satisfied; therefore, your insurance will require that you pay that amount before your plan makes a payment on your behalf. Our contract with your insurance carrier obligates us to collect all patient responsibilities including deductibles.

Your plan deductible is _____.

As of today, your remaining deductible is _____.

We do not know at this time, the exact amount you will owe for your upcoming appointment; therefore, we will ask that you pay a **deposit** towards your deductible obligation at your upcoming appointment. Once your insurance notifies us of the amount you are required to pay, we will apply your deposit and bill you for any remaining amount owed.

At the time of your upcoming visit, we will ask that you pay a deposit of _____ towards your deductible obligation. This amount will be collected during the check in procedure.

In the event that your actual amount owed is less than your deposit, the excess money will remain on your account and applied to future bills. You can request a refund of this amount at any time by calling our billing office.

If you have questions or concerns, please feel free to contact our billing department at (586) 726-8423.

Thank You,

Troy Gastroenterology, P.C.