



**Dr. Ariel Majjhoo**

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## FINANCIAL POLICY

We accept most major insurances and participating provider plans. However, you must understand that:

1. Your insurance policy is a contract between you, your employer, and the Insurance Company. Our relationship is with you, not your insurance carrier.
2. All charges are your responsibility.
3. Co-payments are due at the time of service.

Outlined below are some of the requirements of several types of insurance carriers. Our staff will be happy to assist in answering any questions you may have.

**HMO/Managed Care & Participating Programs:** You are responsible for paying co-pays at the time of the visit and for obtaining any referrals/authorizations your plan may require before the visit. You are responsible to obtain your referral letter prior to your office visit. As per your agreement with your carrier, if you fail to take these steps you will be responsible for the entire payment. Otherwise, we will submit all charges and follow-up with your carrier for payment.

**No-Fault/Workers Compensation:** You will need to provide our office with all information required to properly submit charges. Without this information, the fees mandated by the State of Michigan will be charged to reflect our private fees and you will be responsible for payment. Some no-fault carriers have deductibles on medical charges for which the patient is responsible. If you have private insurance with which we participate and obtain any referrals/authorizations, we will submit on your behalf and bill you for any unpaid balance.

**Medicaid:** We do not see new patients having Medicaid as their primary insurance.

**Non-Participating Carriers:** You are responsible for full payment of charges when your appointment is made if we do not have a participation agreement with your insurance carrier.

**Liability:** Carriers usually send payment to the patient or to the patient's attorney if one has been retained. Our policy does not allow us to hold accounts that are pending resolution of any liability or litigation issues. We do not bill attorneys. If you provide a letter from the liability carrier indicating they accept full responsibility and will send payment, we will submit our bill to them on your behalf. Otherwise, you may either have charges submitted to your private carrier and pay for the services and obtain reimbursement upon resolution settlement.

**Self-Pay:** If you are uninsured, you are responsible for payment in full: 50% when your appointment is made, with balance due at the time of service.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you.

**Authorization to Release and Assign Insurance Benefits:** I authorize release of any information required to act on any insurance claim and permit photographic or other facsimile reproduction of this authorization to be used in place of the original assignment. I hereby assign to NeuroInterventional Pain Management the medical and/or surgical benefits I am entitled from my insurance company and/or Medicare.

This authorization is in effect for all future claims, until you choose to revoke it in writing.

If you require further clarification of any of the policies described here, please contact us at 888-389-4115.

I, the undersigned, understand and agree to the Financial Policy for NeuroInterventional Pain Management.  
I understand that I am financially responsible for all charges incurred for my medical treatment.

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Patient Signature

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Date