

Orion Family Physicians
1455 S. Lapeer Rd., Ste. 100
Lake Orion, MI 48360
248-693-3551

Patient Financial Responsibility Statement

Your signature below forms an agreement between Orion Family Physicians (the provider of medical services) and the Patient who is receiving medical services, or the Responsible Party for minor patients (those patients under 18 years old). A Responsible Party is the individual who is financially responsible for payment of medical bills.

All charges for services rendered are due and payable at the time of services.

MEDICAL INSURANCE: We have contracts with many insurance companies, and we bill them as a service to you. You are responsible if your insurance company declines payment for any reason.

Authorizations for medical treatment from your insurance company/doctor does not guarantee full payment for services.

Patients are personally responsible for knowing and understanding their own insurance policy, eligibility and coverage.

Any appointment missed or not cancelled within 24 hours in advance may incur a \$50.00 charge.

I acknowledge these are my responsibilities as a patient/responsible party to minor patient.

Printed Name _____ DOB _____

Signature _____ Date _____