



Emerge Health and Wellness
1397 N. Monroe St.
Monroe, MI 48162
(734) 243-3420 Fax: (734) 457-4570

Financial Policy – Effective January 1, 2026

At Emerge Health and Wellness, we are committed to providing high-quality care and appreciate the privilege of serving you. To ensure clarity and avoid misunderstandings, the following outlines our financial expectations.

1. **PAYMENT:** Payment is due **before services are provided**. The Practice accepts cash, check, and debit/credit cards. A **4% processing fee** applies to all credit/debit card payments except FSA/HRA/HSA benefit cards. Patients are responsible for all deductibles, copays, coinsurance, and any non-covered services. **Self-pay patients must pay in full at the time of service.**

Payment Terms:

- Copays, expected coinsurance, and deductible amounts must be paid before services are provided.
 - Unpaid balances of **\$50.00 or less** must be paid in full before services are provided.
 - For balances **over \$50.00 and less than 180 days from the date of service**, a minimum payment of **17% of the total balance** is required before services are provided.
 - For balances **180 days or older from the date of service**, the **full balance** must be paid before services are provided.
 - Patients may set up a payment plan through our online payment portal for eligible balances. Payment plans must be arranged **in advance** of your appointment and may not exceed **6 months**; otherwise, the payment requirements listed above will apply.
2. **INSURANCE & BILLING:** As a courtesy, we will file claims with your insurance carrier. It is your responsibility to ensure your insurance is active and to understand your benefits, including deductibles, copays, coverage limits, and out-of-network rules. Our providers may not participate with all insurance plans, and some services may not be covered. If insurance denies or does not fully cover a service, you are responsible for the remaining balance.
 3. **ASSIGNMENT OF BENEFITS:** By receiving care at our practice, you authorize your insurance benefits to be paid directly to Emerge Health and Wellness for services provided.
 4. **FORMS:** Our office charges a **\$25.00 fee** for any forms your provider must complete. This fee is **not billable to insurance** and must be paid **before forms are completed**.
 5. **MEDICAL RECORDS:** Requests for medical records may incur a fee in accordance with state law. Fees must be paid before records are released.
 6. **LABS & OUTSIDE SERVICES:** Lab work, imaging, and diagnostic testing performed by outside facilities may result in separate bills. It is your responsibility to verify coverage with your insurance provider.
 7. **RETURNED PAYMENTS:** Returned checks or failed electronic payments are subject to a **\$35 fee**. Future payments may be required by cash, credit card, or certified funds.
 8. **DELINQUENT ACCOUNTS / NONPAYMENT:** Accounts that remain unpaid **180 days from the date of service** may be referred to a collection agency. Any reasonable fees associated with collection efforts will be added to your balance, and you agree to be responsible for those additional charges.
 9. **POLICY UPDATES:** Emerge Health and Wellness may revise this Financial Policy at any time. Updated versions will be made available on our website and at the front desk.

Signature of Patient (or Guarantor)

Date

Print Name