Commerce Primary Care P.C.

Internal Medicine

8800 Commerce Road
Commerce, MI 48382
Phone 248-363-7500
Fax 248-363-7700

Self-Pay Agreement Policy

Patient Name: _____ Patient Date of Birth: _____

The following is our Self-Pay Policy, which we require you to read and sign prior to receiving treatment in our office:

- Payment for services is due at the time services are rendered unless payment arrangements have been made in advance and approved by our biller.
- Please be aware as an established patient, you will be charged a range of $55-$150. These are for an office visit or physical only and do not include procedures, vaccinations, or injections. Our fee schedule provides exact prices.
- Charges are determined based on standard medical coding and billing practices.
- You will be considered a Self-Pay patient if one of the following applies: no health insurance or inactive health insurance.
- Patients who require lab work, prescriptions, or durable medical equipment will be billed separately from an outside party.
- If you choose to decline a service recommended by one of our providers, a waiver must be filled out and signed.
- Contact our office immediately if you obtain health insurance.
- You must be 18 years or older to be seen as a Self-Pay patient.

Authorization and Release

I have read and fully understand the Self-Pay Agreement Policy as outlined above. By signing this form, I understand I am financially liable for all services provided to me.

_____

Patient Signature Date