

A. Martin Lerner, M.D., P.C., M.A.C.P.

Clinical Professor of Internal Medicine
Wayne State University School of Medicine
Governor, American College of Physicians
Michigan Chapter, 1990 - 1994

32804 Pierce Road
Beverly Hills, Michigan 48025
Telephone (248) 540-9866
Fax (248) 540-0139

This letter is to confirm your appointment scheduled at A. Martin Lerner, MD, PC. Below you will find information on how to prepare for your visit as well as the date, time, location, and other pertinent instructions related to your appointment. If you need to cancel your appointment, or have questions, please call (248) 540-9866. The office takes calls Monday, Tuesday, Thursday, Friday 9:00a.m. to 3:00p.m. and Wednesday 12:00p.m. to 5:00p.m.

APPOINTMENT FOR: NEW PATIENT EVALUATION

DATE:

ARRIVAL/APPOINTMENT TIME:

LOCATION:

Our Beverly Hills office is located on the east side of Pierce Rd just south of 14 Mile. Pierce Rd is located west of Woodward, between Greenfield and Southfield Roads.

PREPARATIONS:

You must bring with you to your appointment your:

- Driver's license
- Insurance card(s)/Referral forms
- Completed list of current medications (form enclosed)
- Completed registration form (enclosed)
- If convenient, it would be beneficial to fast from midnight the night before your appointment.

Without these items we may be forced to reschedule your exam.

REMINDER:

Our office ONLY participates with the following insurance companies:

- Traditional Blue Cross Blue Shield
- Medicare

If you are choosing to go out of your insurance network to see us please know that it is your responsibility to obtain authorization/referrals for coverage of all services including office visits, lab work, chest x-rays, holter monitors, echocardiograms, ultrasounds, etc. If you are a self-pay patient payment is expected for services at the time of your visit.

A. MARTIN LERNER, MD, PC FINANCIAL POLICY

These policies are necessary to provide the individual specialty services we offer. Our practice must have payment in full prior to services rendered for all self-pay patients (those with no health insurance) and HMO patients without a referral. For patients, for whom we submit claims to insurance carrier(s), payment is required within 30 days of balance posted to your account.

We accept cash, check and credit card (Visa, MasterCard, Discover, American Express) payments. A service fee of \$30.00 is applied to all returned checks.

If a balance remains on an account over 30 days the account will be tagged overdue. Overdue balances exceeding 60 days due are required to be paid in full. Further appointments are not scheduled and existing appointments will be forfeited pending payment. At 90 days overdue, an account is considered delinquent. All delinquent accounts are processed by a collection agency. A service fee of \$15.00 is applied to each account transferred to collections. Please note: collection accounts are reported and will affect your credit rating.

Special payment arrangement requests will be considered on an individual basis. The request needs to be in writing and submitted to:

A. Martin Lerner, MD, PC
32804 Pierce, Beverly Hills, MI 48025
Attn: Billing Department

We require a 24-hour notice for appointment cancellations. If our office receives no notice of cancellation prior to an appointment, a fee of \$60.00 is charged for the time reserved for the missed appointment.

We reserve the right to dismiss a patient for any of the following reasons:

- Non-payment of services rendered
- Non-resolved collection balance
- Bankruptcy

REGISTRATION DATA & INSURANCE INFORMATION

Welcome to our office! In order to serve you properly, we need the following information. Please Print. All information will be confidential.

Patient First Name: _____ Last: _____
Sex: Male / Female Date of Birth: ____/____/____ Married ___ Single ___ Other ___
Race: American Indian / Asian / Native Hawaiian / Black / White / Hispanic / Other _____
Ethnicity: Hispanic / Non-hispanic
Do you speak English: Yes / No If no, what is you primary language: _____
Social Security #: _____
Driver's License #: _____ State: _____
Home Address: _____
City/State/Zip: _____
Home Phone: () _____ Work Phone: () _____
Employer: _____
Employer Address: _____
Referred By: _____
Spouse's Name: _____ Spouse's Date of Birth: _____

Emergency Contact: NOT LIVING WITH YOU

Name: _____ Relation: _____
Address: _____
Home Phone: () _____ Work Phone: () _____

Primary Insurance Company: _____ Effective Date: _____
Subscriber: _____ Date of Birth: _____
Secondary Insurance Company: _____ Effective Date: _____
Subscriber: _____ Date of Birth: _____

****Please keep out and give receptionist insurance cards to copy****

A. Martin Lerner, MD, PC **ONLY** participates with the following insurance companies:

- Traditional Blue Cross Blue Shield
- Medicare

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I authorize and request my insurance company to pay directly to the doctor insurance benefits otherwise payable to me.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my (or my child's) behalf.

I have received, reviewed and accept all conditions contained within A. Martin Lerner, MD, PC's Financial Policy.

X

Signature of patient (or parent if minor)

Date

