

Family Medical Center of Michigan

8765 Lewis Avenue
Temperance, MI 48182-9300
(734) 847-3802

130 Medical Center Drive
Carleton, MI 48117-9029
(734) 654-2169

905 N. Macomb Street
Monroe, MI 48162
(734) 240-4851

225 Riverside Avenue
Adrian, MI 49221
(517) 263-1800

INSURANCE INFORMATION

Patient Name: _____

Primary Insurance: _____

Contract Number: _____ Group Number: _____

Policy Holder Name: _____

Secondary Insurance: _____

Contract Number: _____ Group Number: _____

Policy Holder Name: _____

I authorize Family Medical of Michigan to release any information necessary to process any medical claims for services provided to myself or family members covered by my insurance policy or required by regulatory or accrediting organizations.

I authorize payment of medical benefits be made directly to the Family Medical Center of Michigan.

Signature: _____ Date: _____

I understand that I will receive a statement of my account while my insurance is being billed, until it has been paid in full either by my insurance or by myself.

Initial

I understand that, if my insurance has not paid any claim within 45 days from the date of service, that I am responsible for contacting my insurance company and/or paying the bill myself.

Initial

I understand that I am responsible for my charges at Family Medical Center of Michigan, whether I am self-pay, receiving discounted services, or if my insurance does not pay for the charges incurred at Family Medical Center of Michigan.

Initial

Medical Record No. _____