



1414 West Fair Avenue, Suite 216
Marquette, Michigan 49855
(906) 225-4725

*Bobby Z. Joseph, MD, FAAAAI
Board Certified: Allergy & Immunology*

Our Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that by signing this form, you are authorizing us to provide you with reasonable and proper medical care by today’s standards.

Regarding insurance: We cannot bill your insurance unless you bring in all insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some services may be “non-covered” by your insurance. *The balance of your bill is your responsibility.*

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. *You are responsible for payment* regardless of any insurance company’s arbitrary determination of usual and customary rates.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and will abide by this Financial Policy.

Signature of Patient or Responsible Party

Date

**Receipt Acknowledgement of
Notice of Privacy Practices**

I, the undersigned, acknowledge that I have been offered a copy of UPAAC Notice of Privacy Practices on this date.

X _____
Signature (Patient or Legal Representative)

Date

Printed Patient Name

Capacity of Legal Representative (if applicable)