

# **Mune Gowda & Associates, MD, PLLC**

Mune Gowda, M.D.  
Cosmetic and Reconstructive Plastic Surgery  
Skin and Laser Center

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Thank you for choosing Mune Gowda & Associates, MD, PLLC. We are committed to providing you the highest quality of healthcare. We ask that you read and sign this to acknowledge your understanding of our patient financial policy.

## **PATIENT FINANCIAL RESPONSIBILITY POLICY**

-The patient (or patient's guardian if a minor) is ultimately responsible for the payment of services provided.

-It is the patient's responsibility to provide us with the most current and updated information for insurance coverage at time services are rendered.

-Patient is responsible for understanding their insurance coverage and benefit details.

-Based on the type of insurance coverage you have, we will inform you whether we participate with that insurance plan and can bill claims on your behalf.

-We will verify insurance coverage to the best of our ability however until claims have been submitted and processed there is no guarantee that insurance will pay for services rendered.

-If patient's primary insurance is one we participate in but patient's secondary insurance is not one we participate in then any amounts not paid by patient's primary insurance will be billed to the patient.

-Patient or patient's guardian are ultimately responsible for payment of co-pays, co-insurance, deductibles and all other procedures or treatments not covered by their insurance plan.

-We accept cash, check, debit card, credit card(3% surcharge added), HSA card, Care Credit, and Cherry payment.

**I have read, understand, and agree to the provisions of the patient financial responsibility policy of Mune Gowda & Associates, MD, PLLC**

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Signature of Patient/Guardian

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Date