

# Kidney Care Specialists LLC – Nephrology Associates Division

## Financial Policy

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Thank you for choosing Kidney Care Specialists. Our mission is for you to receive the best care and quality service at all times. If you have any questions or concerns about payment policies, please do not hesitate to ask our staff.

Please be aware that Health Insurance Companies require patients to pay their copayment for services at the time of service. We accept cash, Visa, MasterCard, Discover and personal checks. Also, please note that if your insurance changes, we need to be made aware of this prior to your appointment. Failure to provide this information may result in your appointment having to be rescheduled. It is your responsibility that your insurance is current at all times. We may accept assignment of insurance benefits; however, please understand:

1. Our relationship is with you, the patient. Your insurance policy is a contract between you and the insurance company. We are not a party to that contract.
2. It is your responsibility to request and confirm any referrals needed for your insurance plan.
3. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services are due at the time of service.
4. If the insurance company does not pay your balance in full within 60 days, we ask that you contact your carrier to help ensure a timely payment/reimbursement
5. Returned checks are subject to a \$50.00 fee
6. **If you fail to show for your appointment, or fail to cancel an appointment without 24 hour's-notice, you will be charged a \$50.00 fee.**
7. If your account is sent to collections, you will responsible for the additional collection/processing fees.
8. If you have Medicare ONLY, you are responsible for the twenty percent (20%) balance due which Medicare does not pay. This 20% balance is due at the time of service. You are also responsible for your yearly deductible.
9. **We are legally obligated to collect all patient responsibility fees, copays, deductibles and balances.**
10. We cannot legally discount fees.
11. Any request for medical records will be subject to a fee pursuant to Pennsylvania medical guidelines.

We understand that temporary financial problems may affect timely payment of your balance.

We encourage you to communicate any such problems so we can assist you in the management of your account. Otherwise, payment is expected in full prior to your appointment.

**Assignment & Release** – I request that payment of authorized insurance be made on my behalf to Kidney Care Specialists – Nephrology Associates Division for any services rendered to me. I authorize any holder of medical information about me to release it to my insurance company and its agents, if information is needed to determine these benefits or the benefits payable to related services. I recognize my financial obligations of any coinsurance, copays, deductibles and non-covered services that may be required. This agreement will remain in effect until revoked by me in writing.

Patient Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Patient Representative Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_