NEPHROLOGY & HYPERTENSION ASSOCIATES, P.C. FINANCIAL POLICY

Thank you for choosing Nephrology & Hypertension Associates as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is our Financial Policy, which we require you read and sign prior to treatment.

- All patients must complete our Information and Insurance forms before seeing the doctor.
- FULL PAYMENT OF PATIENT RESPONSIBILITY IS DUE AT TIME OF SERVICE.
- Payment may be made by cash, check, money order or credit card.

Regarding Insurance:

Participating: Regarding Insurance Plans with which we participate

- All co-pays and deductibles are due prior to treatment.
- All referrals are due prior to treatment.
- In the event that your insurance coverage changes to a plan where we are not participating providers, please refer to paragraph below.

Non-Participating: We require that you be responsible for any out-of-pocket, deductible amount up front. We cannot bill your insurance company unless you give us your insurance information and if necessary an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full, the balance will be automatically transferred to you. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurances.

Usual and Customary Rates:
Our practice is committed to providing the best treatment for our patients as we charge what is usual and customary for our area. You are responsible for payment of balances that your insurance company states to be patient liability.

Adult Patients:
Adult patients are responsible for payment at time of service.

Minor Patients:
The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment.

Missed Appointments:
Unless cancelled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of $50 per office visit for an established patient, $100 for a new patient. Please help us serve you better by keeping scheduled appointments.

I acknowledge full responsibility for services rendered by Nephrology & Hypertension Associates.
I understand that payment of charges incurred is due at time of service unless other financial arrangements have been made prior to treatment.
I further authorize and request that insurance payments be made directly to Nephrology & Hypertension Associates.
I acknowledge that if a referral is required by my insurance, I am responsible for securing that referral. If I am seen without a referral, I understand that I will be responsible for payment.
I have read the Financial Policy, understand it, and agree to the terms of this Financial Policy.

Signature:_____Date:_____