

COLUMBIA NEPHROLOGY ASSOCIATES, P.A.

Patient Name: _____ DOB: _____

Patient Financial Policy

Thank you for choosing Columbia Nephrology Associates, P.A. as your health care provider. We are committed to providing you with the best treatment available. We will bill your insurance as a courtesy to you with a copy of your current insurance card. If we do not have your insurance card, full payment is due at the time of service. We accept cash, check, Master Card and Visa. There will be a \$30 charge for returned checks. If payment is not received from your insurance carrier within our contract limits, any balance will be your responsibility. Our billing/insurance department is available to discuss any questions you may have regarding your insurance or your account at Columbia Nephrology.

Medicare: We accept Medicare assignment. As a Medicare patient you are responsible for your deductible and for the difference between the approved charge and the amount Medicare Pays. If you have supplemental insurance we will bill it for you. Any remaining balance will be your responsibility and billed to you.

HMO/PPO/Commercial: All co-pays are due at the time of service, we are members of most, but not all plans. You are responsible for verifying what your insurance plan will cover and that we are providers for your plan. You are responsible for referrals, payment of all deductibles and co-payments/co-insurance, procedures without authorization, non-covered charges as determined by your contract with your insurance carrier. All payments are due at time of service. If there is no referral, you will be asked to sign a waiver and you will be responsible for the charges in full at time of service.

Usual and Customary Rate: We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determination of Usual and Customary rates.

Self-Pay: If you do not have health insurance you will be responsible for all medical services rendered at Columbia Nephrology. Payment in full is due at the time of service. If you are unable to make full payments, suitable payment arrangements will be discussed between you and our financial counselors.

Delinquent Accounts: If your account becomes delinquent, Columbia Nephrology, will take the necessary steps to collect the debt, including but not limited to collection agency, lawyer, and reporting to a Credit Bureau where you agree to pay all of the collection costs incurred.

I have read, understand, and agree to abide by its guidelines the payment policy regarding my financial responsibility to Columbia Nephrology, for providing medical services to me or the above named patient. I certify that the information I provide to Columbia Nephrology is, to the best of my knowledge, current, true, and accurate.

X Patient Signature _____ Date _____

Guarantor Signature _____ Date _____

(If guarantor is not the patient)