

Patient Name _____
Date of Birth _____
Today's Date _____

Policy of Patient Accounts

The physicians and staff of Renal Care Consultants PC are honored to participate in your health care needs. We provide quality care at what we believe to be fair and reasonable fees. We encourage you to discuss any questions you have concerning our charges with our Business Manager.

As our patient, you will be asked for complete insurance information. A copy of your insurance card will be made. Due to the changing nature of insurance, we will be reviewing this information with you at each visit.

Many insurance companies require a pre-authorization or second opinion for some medical procedures. It is the patient responsibility to determine and be aware when this could occur. Renal Care Consultants PC will assist, to the best of our ability, in obtaining what is necessary. This is important since failure to obtain necessary pre-authorizations and/or second opinions could result in a reduction or rejection of benefits by your insurance company.

Renal Care Consultants PC will bill both your primary and secondary/supplemental insurance, if applicable. Your insurance will make payments directly to Renal Care Consultants PC and you will be responsible for any deductibles, co-payments, or any other patient balances. Co-payments are required at the time of service.

All bills are due and payable within 10 days of receipt of your monthly statement. We accept cash, checks, VISA, MasterCard or debit cards. If you have special financial needs, please feel free to discuss this with our Billing Manager. Interest accrues at 9% annually on charges unpaid after (60) sixty days of your first billing and continues to accrue until paid in full. Past due accounts will be assigned to an outside agency for collections if efforts of the Billing Manager have been unsuccessful.

Renal Care Consultants PC is a participating provider with Medicare. Medicare will actually pay 80% of what they allow, minus your \$100.00 annual deductible. You will be responsible for the deductible and 20% through supplemental insurance or patient payment.

I hereby authorize my insurance company to pay Renal Care Consultants PC directly. I understand that I am responsible for charges not covered by my insurance company including late penalty charges. I agree that a photocopy of this authorization is as effective and valid as the original.

In addition, I authorize Renal Care Consultants PC to disclose all or part of my medical record to any company that may be responsible for payment of all or part of the medical charges. Disclosure of the medical record may be necessary to determine eligibility of benefits and to obtain reimbursement for health care services. I hereby release Renal Care Consultants PC from all legal responsibility or liability that may arise from disclosure of these records. I understand that I may revoke this authorization at any time in writing, except to the extent that Renal Care Consultants PC has already taken action on my claim.

I have read and understand this financial agreement. I have had an opportunity to ask questions and have received a copy of my signed form. I accept the responsibility of its terms.

Signature of Patient

Date

Signature of Person Authorized by Law

Date