

# Renal Care Consultants, PC

760 Golf View Dr, Suite 200  
Medford, OR 97504  
Phone 541-618-4400  
Fax 541-618-4406

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

Date of Birth: \_\_\_\_\_

## **Policy on Patient Accounts and Conditions of Treatment**

Renal Care Consultants, PC is a private institution that operates for the benefit of the people who seek our services. We provide quality care, at what we believe to be fair and reasonable fees. Since we do not receive financial assistance from any outside source, we must recover the cost of providing services from our patients.

It is Renal Care Consultants, PC policy that the responsibility for pre-authorization and payment for care lies with those who receive care. Therefore, all patient accounts will be administered under the following guidelines:

1. **INSURANCE PRE-CERTIFICATION.** Many insurances companies require pre-authorization or a second opinion for some medical procedures. It is the patient's responsibility to determine if pre-authorization is necessary and assist Renal Care Consultants, PC in obtaining pre-authorization when needed. Failure to obtain necessary pre-authorizations may result in reduction or rejection of benefits by the insurance company.

2. **ACCOUNT BALANCE.** If you have a balance on your account, you will receive a monthly statement until the account is paid in full. Bills are due and payable upon receipt of this monthly statement. We will bill your insurance for you if you provide us with the appropriate billing information. Your insurance will make payment directly to Renal Care Consultants, PC and you will be responsible for any deductible, co-payments, or other patient balances.

3. **PAYMENT OPTIONS.** Co-payments are due at the time of service unless prior arrangements have been made. Uninsured patients are required to pay a minimum of \$100 at the time of service unless prior arrangements have been made. Payment options include cash, check, Visa, MasterCard, Discover or American Express. If you have special financial needs, please feel free to discuss this with our Billing Manager to establish an extension of credit terms until paid in full.

4. **MEDICARE PATIENTS.** Renal Care Consultants, PC is a participating provider with Medicare.

5. **HOSPITAL AND OTHER OUTSIDE CHARGES.** Services provided by a hospital are separate from services provided by the physicians at Renal Care Consultants, PC, and will be billed separately by the hospital. It is also sometimes necessary to send some laboratory specimens to specials laboratories. If this is necessary, you may receive billing for those services from a laboratory other than Renal Care Consultants, PC. Questions arising from bills for these outside services should be directed to the providers of those services.

6. **AUTHORIZATION FOR DISCLOSURE OF INFORMATION FOR THE PURPOSE OF SERVICE REIMBURSEMENT.** Your signature below indicates your authorization for Renal Care Consultants, PC to disclose all or part of your medical record to any company that may be responsible for payment of all or part of your medical charges. Disclosure of medical records may be necessary to determine eligibility for benefits and to obtain reimbursement for health care services. Your signature additionally releases Renal Care Consultants, PC from all legal responsibility or liability that may arise from such disclosure. You may revoke this authorization at any time in writing except to the extent that Renal Care Consultants, PC has already taken action.

7. Renal Care Consultants, PC follows Federal Government Medical Record Privacy regulations (HIPAA). If you would like a copy of our "Notice of Privacy Practices", please inquire at our front desk and we will be happy to provide one.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date