



KIDNEY DISEASE • HYPERTENSION • ADULT MEDICINE • TRANSPLANTATION • DIALYSIS

PATIENT NAME: _____

DOB: _____

Policy on Patient Accounts and Authorization of Treatment

Renal Care Consultants is a private institution and operates for the benefit of providing quality care for the people who seek our services. Part of this commitment is to offer you a concise outline of our financial policies. Please review this entire document and let us know if you have any questions. Financial Responsibility: You are ultimately responsible for payment for the medical services you receive.

Proof of identity/Insurance: All patients will complete new patient paperwork, provide valid photo ID and insurance card(s). Insurance is a contract between you and your insurance company. It is your insurance company that ultimately determines your benefit. You agree to pay any portion of allowable charges not covered by your insurance. You authorize and assign your insurance benefits directly paid by your insurance company to Renal Care Consultants. You authorize our office to release any information required for processing a claim. You further authorize Renal Care Consultants to use and disclose your health information to obtain payment for the services you are receiving today. It is important you keep our office updated on any changes in your insurance benefits and information.

Knowing your insurance benefits and which medical providers are in your insurance network is your responsibility. Please contact your employer or insurance company directly with any questions about coverage and out of pocket expenses. If you are covered by an insurance plan that we are not contracted with, you may be responsible for a higher out of pocket expense.

Co-payments & Deductibles: Co-payments are a part of the contract between you and your insurance company. Any co-pays or deductibles are an estimate, and due at the time of service. If there is an additional portion owed by you, we will notify you with a statement once we receive an explanation of benefits from your insurance company. Your insurance will mail this explanation to you as well. Be aware you may receive a bill from our office for any remaining monies due. If you have questions about that, please contact your insurance company for a thorough explanation of how the claim was paid.

Authorizations and Referrals: Some insurance companies may require a prior authorization or referral prior to your appointment. We make sure to have this completed before scheduling your appointment. For the insurance policies who require authorization/referrals, getting these may result in a short delay of scheduling or even rescheduling your appointment to ensure your insurance doesn't deny your service. You have the option to keep your appointment date and time while the authorization is still pending. In that instance, we will ask you to sign a Good Faith Estimate Form.

Hospital Charges 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. Questions arising from bills for these outside services should be directed to the providers of those services.

Motor Vehicle Accidents and Workman's Comp: Patients will be expected to provide claim number, date of injury and insurance carrier and other pertinent information related to the injury. A Good Faith Estimate must be signed by all patients presenting with an accident claim, in the event the claim is denied. If patient has a commercial insurance, this information must be provided at the time of scheduling, but no later than the date of service. This allows Renal Care Consultants to obtain prior authorization in the event it is required by your commercial carrier.

Uninsured/Self Pay: Patients without insurance or those who don't want us to bill their insurance, (referred to as "self-pay") are required to pay on the day of their appointment, unless prior arrangements have been made. As a courtesy, we offer a discount (only if paid on the day of service) for these circumstances. 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. In compliance with the **No Surprise Act** (Federal Law), if you are uninsured or your insurance is out-of-network, Renal Care Consultants will provide you with a “good faith” estimate of how much non-emergent care will cost before you receive care.

Statements: Statements are mailed monthly. Payment in full is expected upon receipt of the initial statement unless prior arrangements have been made.

Missed Appointments : An appointment reserves time with our providers and staff for your care. When we do not receive adequate notice of a cancellation, that time cannot be offered to another patient. Please provide at least 24 business hours’ notice if you are unable to keep your appointment. Appointments canceled with less than 24 business hours’ notice, or missed without notice, may result in a no-show fee. This fee is the patient’s responsibility and is not billable to insurance.

Payment Arrangements: Renal Care Consultants understand that unforeseen circumstances and financial difficulties sometimes occur. We want to help you. Under certain circumstances, we will set up a payment agreement for you. In the event this agreement is not honored, you agree to all costs associated with collections, late fees, including attorney’s fees, court costs and all other associated fees.

Patient Refunds: In the event that an overpayment is due to a patient, Renal Care Consultants will issue a refund to the guarantor of the account, within 30 days of identifying the credit.

Patient / Authorized Person’s Signature: I authorize treatment of the patient listed below. I hereby authorize Renal Care Consultants P.C. to release any information as may be required by an attorney, insurance company or referring physicians for the purpose of medical treatment or follow-up. I hereby assign all payments directly to Renal Care Consultants P.C. to which I am entitled for expenses related to services performed. I understand I am financially responsible for all charges. Should it become necessary to collect monies in court, all court costs and attorney fees are my responsibility.

Electronic Scribe Technology: I understand that Renal Care Consultants (RCC) may use electronic scribe technology, which may include temporary audio recording of my visit, to assist my provider with medical documentation. These recordings are used solely for documentation purposes, are not retained, are deleted after the chart note is completed, and do not become part of my medical record. Only relevant clinical information is included in the finalized chart note. All information is handled in compliance with applicable privacy and security laws, including HIPAA. I understand that I may request that electronic scribe technology not be used during my visit, and that I must notify the clinic if I wish to opt out.

Our billing office is available to you Monday – Friday 8:00am-5pm for your convenience.
Please call us at: (541) 618-4400 to discuss your account. We look forward to your call. We want to help you!

Patient / Authorized Person’s Signature

Date