

The Centers for Kidney Care

Financial Policy

The physicians and staff at The Centers for Kidney Care are committed to providing you with the best care possible. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Our physicians participate in a number of PPO networks. **It is your responsibility to verify that the doctor you are seeing is “in-network”.** You can verify this with your insurance company by calling the “800” telephone number on your group insurance card or check with your employer as to how to obtain this information.

Co-pays are collected at EACH visit. If you are not insured by one of the participating PPO insurance companies, payment will be collected according to your plan’s out-of-network benefits. If you carry no medical coverage, payment in full is required at the time of your visit unless prior arrangements have been made. For your convenience, we accept cash, checks and the following credits cards: Visa, MasterCard, Discover and any Visa Debit Card.

The Centers for Kidney Care only bills for our physicians, nurse practitioners, physician assistants and some labs. You may receive additional bills from another provider for services; such as, lab, pathology or radiology.

We gladly accept Medicare and Medicaid patients. We accept Medicare/Medicaid Assignment of Benefits and will bill Medicare/Medicaid for you. You may be responsible for any charges that Medicare/Medicaid deems as patient responsibility. Medicare beneficiaries may also be responsible for the Medicare deductible and co-insurance amounts.

The Centers for Kidney Care charges a \$25.00 fee for all returned checks. We do not accept postdated checks.

We must emphasize that as healthcare providers, our relationship is with you and not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services were rendered. If you receive a request from your insurance company, we ask that you complete that request in a timely manner so that your claims will be processed. If you are unable to pay the balance in full, suitable payment arrangements can be made to assist you in meeting your obligations.

I have read the above Financial Policy of The Centers for Kidney Care and understand my financial responsibilities.

Signature of Patient and/or Responsible Party

Date