Patient Payment Policy

Thank you for choosing Kidney and Hypertension Center for your healthcare. We are committed to the success of your medical care. Please understand that payment of your bill is a part of your care. Please ask our staff if you have any questions about our fees, financial policy or your responsibility. Kidney and Hypertension Center strives to ensure a clear understanding of your financial responsibility with respect to the medical services we provide. The following terms/policies pertain to all services rendered.

Terms

Premium: The amount of money you have to pay for insurance. This is usually paid on a monthly or quarterly basis directly to the insurance company or employer/broker.

Deductible: The amount of money you pay for eligible medical expenses in a calendar year. After deductible is met, you pay nothing or you share the remaining costs with your company up to out-of-pocket maximum.

Coinsurance: A health care cost sharing between you and your insurance company. The cost sharing ranges from 70/30 to 50/50. If your coinsurance is 80/20 that means that your insurer covers 80% of annual medical expenses and you pay the remaining 20%. The cost sharing stops when medical expenses reach your out-of-pocket maximum.

Copayment: A fee you pay for a doctor's visit as set by your insurance company. Copayments may vary depending on whether you seek medical help in or out-of-network as well as on a doctor's specialty. Co-pays usually range between $20 to $50. **Copays are due at time of service.**

HRA/HAS/Flex Spending: Higher deductible plans encourage patients to share more responsibility for how their health care dollars are spent. This means that you will have a larger portion of your health care costs to pay. Plans vary from insurance to insurance making it almost impossible to track all plans.

Out-Of-Pocket Limit: The maximum amount of money you may pay for medical services in a calendar year.

Practice Policies

Co-Pays: All office co-pays are to be paid at the time of service. **This is an insurance company requirement**. We accept cash, checks or credit cards. We reserve the right to refuse treatment if co-pays are not paid.

No Insurance: If you have no insurance, we collect the total amount of the visit, prior to the visit, providing you with a 30% discount off our charges.

Medicare: If you have Regular Medicare, and have not met your $203.00 Deductible, we expect it to be paid timely. Any services not covered by Medicare will be your responsibility. If you have Medicare as primary, and also have secondary insurance (Medigap); No payment is necessary at the time of this visit. If you have Medicare, as primary, but no secondary insurance: Payment of 20% is expected at the time of the visit. We will file an insurance claim as a courtesy to you.

Insurance Claims: We will submit insurance claims for our patients. However, the agreement of the insurance carrier to pay for medical care is a contract between you and the carrier. You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if in a group plan), or to your agent.

Insurances vary in their coverage, and it is the **patient's responsibility** to understand her medical benefits. There may be limitations and exclusions to coverage. The patient portion is set by the insurance company. Patients are responsible for any co-insurance, deductibles, and any other non-covered billable services.

Payments: We accept cash, Visa, MasterCard, and Discover. We also accept payment by check and debit cards. Kidney and Hypertension Center will send patients accounts to collections for balances not paid after receipt of three statements unless you make payment arrangements with our billing office. We reserve the right to require payment for services to be made at or before the time of service.

Claim Filing: We happily file your claim with your insurance company as a courtesy. Please keep in mind that payment remains your responsibility. We do not enter disputes over insurance benefits. We bill insurance in accordance with all federal, state and other contractual requirements in cases where we have an agreement or we are a participating provider. We expect payment in full from you if your insurance company delays processing of your claim for over 60 days. You agree to pay any portion of the charges not covered by insurance. If your insurance company sends payments directly to you, send or drop-off the payment to Kidney and Hypertension Center and we will apply it to your account.

Preauthorization: Most insurance companies require preauthorization before you have a surgical procedure. We will assist you with obtaining preauthorization for procedures. Failure to obtain preauthorization may result in your insurance company refusing to pay your claim. Any refusal of payment by insurance for this reason is your responsibility.

Dependents: You are responsible for payment of services rendered to your dependents on your account. In cases where a written court order allows payment for medical costs associated with a dependent, it is the responsibility of you to obtain reimbursement from the other party involved.

Referrals: If you see a doctor that is out of network or if you use an insurance company that requires a referral, you are responsible for obtaining it from your primary care clinic or physician. Failure to obtain it may result in a lower payment or no payment from the insurance company or no benefits from your insurance company and you will be responsible for payment.

Forms/Letters/Medical Records: The physician's office requires a minimum of 10 working days to complete FMLA, disability forms and letters required for the employer in reference to medical care. There is a $15 charge for each completed form or letters that a provider completes on your behalf. We charge a search fee of $20 and a copy fee of $0.50 per page for medical records requested for personal use.

Attestation Statement: I have read, understand, and agree to the above Kidney and Hypertension Center Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Kidney and Hypertension Center.

I authorize Kidney and Hypertension Center to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

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Print Name of Patient

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Signature of Patient (or responsible party if minor) Date