



**NEPHROLOGY • DIALYSIS • HYPERTENSION • TRANSPLANTATION**

(Certified Diplomate of the American Board of Internal Medicine and Nephrology)

(Board Certified Specialist in Hypertension)

**FINANCIAL POLICY - INDEMNITY**

Payment in full is required for office services on the day services are rendered. Upon payment in full, we will provide a receipt that includes the information your insurance company requires for you to file your own claim. We accept checks, cash, MasterCard, Visa, American Express and Discover.

You must complete and sign an authorization in order for us to release information to your insurance company.

You will receive separate bills for any lab work, radiological testing, dialysis treatments and / or other services provided outside of this office from outside providers.

On the average most indemnity plans consider our fees within their range. However, an insurance company will occasionally pay an amount less than our fee. It is important to remember that your insurance coverage is a contract between you and your insurance company. You are responsible for payment of 100% of our standard fee regardless of the amount your insurance pays. You should receive a benefit statement from your insurance company that explains how your claim was processed.

**Statements:**

In the event that our office agrees to bill you for services provided, the statement balance is due upon receipt. Should you believe a statement is in error, please call our office at (713)637-6320 to speak with a Patient Accounts Representative. Delinquent accounts may be referred to collections.

**Payment Arrangements:**

If extended payments are needed on large balances, our Patient Account Representatives are available to discuss payment plan options with you. Please call our office at (713)637-6320 for assistance.

**Returned Checks/NSF Checks:**

There is an administrative fee of \$25.00 for returned checks. This fee, plus the amount of the check, will be posted to your account and is immediately due in full.

**INSURANCE ACCEPTED**

**Regarding Medicare**

We are Medicare participants and we do accept assignment with Medicare.

We are required by Medicare to file your claims for you. Medicare will send payment directly to us along with an explanation of benefits. You will also get an explanation of benefits from Medicare. If you have a supplemental insurance, we will file with the secondary carrier. Please provide us with any current Medicare information.

**Regarding Medicaid**

We accept Medicaid patients. We are required to file for you. Please provide us with your current Medicaid Medical Eligibility form.

*Please read this policy carefully. If you have any questions regarding our policy, please ask to speak with our business office. Your signature on this page constitutes an agreement to this policy, applicable waivers, and authorizations below.*

**Authorizations:**

I authorize the release of any medical or other information necessary to process my claim(s).

*I certify that I have read and understand this policy.*

\_\_\_\_\_  
Signature of Responsible Person on Account

\_\_\_\_\_  
Date