Pikes Peak Nephrology Associates, P.C.

Financial Policy and Billing Agreement

Patient Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Insurance: _____ Secondary Insurance: _____
*If you have Tricare insurance, Sponsor's social security number: _____

You will be asked to confirm or update this information at each visit. **It is your responsibility to notify us of any changes in your healthcare coverage**. All patients are required to provide social security information for themselves or the responsible party. If you opt not to provide this information, we require payment in full at the time of service.

All applicable co-payments and/or cost shares, and any outstanding patient-due balances are due at the time of service. If co-payments are not paid on the date of service, a $10 billing fee may be charged to your account. We accept cash, checks, debit, and credit cards. **Obtaining referrals to our office is your responsibility.**

It is your responsibility to understand and comply with the terms of the insurance agreement you have purchased. We are not contracted as a fiscal intermediary between you and your insurance. Please be aware that some services we provide, and perhaps all, may be non-covered or may not be considered medically necessary under Medicare or other insurance companies. In these cases, you are responsible for all charges. Patients with High Deductible Plans (HDP) will be asked to pay for the services after the visit.

If you do not have insurance coverage, please be prepared to pay for your services in full at the time of your appointment. Payment arrangements may be made in advance with the billing department at PPNA.

For checks returned to us as unpaid by your bank, we will charge a $30 fee.

In the event your account becomes past due, additional billing fees may be assessed. If your account becomes delinquent, it may be forwarded to an outside collection agency. If this happens, you will be responsible for all additional charges related to this process.

By providing your credit/debit card information for a payment plan, you permit Pikes Peak Nephrology Associates to securely store your payment details and charge your card as authorized. Authorization will be documented, including the agreed-upon payment amounts and frequency. You may request a receipt for charges, modify, or cancel the payment plan you enter into by contacting our Billing Office.

I request that payment of authorized insurance benefits, including Medicare if I am a Medicare beneficiary, be made on my behalf to the organization. I authorize the release of any medical or other information obtained by our office necessary to determine these benefits or the benefits payable for services to the organization, the Health Care Financing Administration, my insurance carrier, or the medical entity.

I understand that I am financially responsible to this organization for any charges not covered by my health care benefits. Please contact our Billing Office at (719)955-2656 if you have any questions or concerns.

Patient /Guardian Signature: _____ Date:_____