Pikes Peak Nephrology Associates, P.C.
Financial Policy and Patient Billing Agreement

Thank you for choosing Pikes Peak Nephrology Associates, P.C. as your health care provider. We are committed to providing the best medical care possible. The following statement explains our Financial Policy, which we ask you to read, sign, and return to us prior to your treatment.

- All patients are expected to provide accurate and complete personal and insurance information prior to being seen by the physician. **You will be asked to confirm or update this information at each and every visit.**
- All patients are required to provide social security information for self and/or financial 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 (both current and prior) are due at the time of service.
- We accept cash, check, or credit cards: MasterCard, Visa, or Discover. Checks are immediately debited from your account.

Regarding Insurance

We are contracted with most insurance carriers, and will accept assignment of benefits, but in **all** cases we require that the guarantor, the person who is financially responsible, is personally liable for all amounts not covered by insurance. Please provide policyholder information:

_____ _____

Name of policyholder Policyholder Date of Birth

It is your responsibility to understand and comply with terms of the insurance agreement you (or you and your employer) have purchased. You contract an insurance company to help you pay your healthcare bills, and insurance companies contract with us to provide quality healthcare and to file claims for you—we are not contracted to act as fiscal intermediaries between you and your insurance company to ensure payment.

If your treatment involves laboratory tests, radiology services, other diagnostic testing, or hospitalization, it is your responsibility to let us know where you can have these services provided. We are happy to pre-authorize tests and treatments that our physicians have ordered once you have given us the necessary information. Obtaining referrals to our office is your responsibility.

Please be aware that some, and perhaps all, of the services provided may be non-covered services or may not be considered medically necessary under the Medicare Program or by other medical insurance companies. In these cases, you are responsible for all charges.

If you do not have insurance coverage in effect at the time of service, please be prepared to make payment in full at the time of your visit. Payment arrangements must be made prior to services, if you are unable to pay the full amount due.

Usual and Customary Rates

We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our region and specialty. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.

High Deductible Health Plans (HDHP) with Health Savings Accounts

If you participate in a qualified HDHP with a health savings account arrangement, please be prepared to pay for service at the time it is rendered. HDHPs differ significantly from PPO or HMO plans. HDHPs have no co-payments and all covered services are applied towards your deductible, until it has been

satisfied. If we participate in your insurance carrier's provider network, you will be asked to pay 50% of your total charges at the time of service. You will also be asked to authorize reimbursement of the remaining balance from your health savings account, once your insurance company has processed your claim. If we are not part of your insurance carrier's provider network, your entire balance must be paid at the time of service.

As stated earlier, it is your responsibility to understand and comply with terms of the insurance agreement you (or you and your employer) have purchased. You contract an insurance company to help you pay your healthcare bills, and insurance companies contract with us to provide quality healthcare and to file claims for you—we are not contracted to act as fiscal intermediaries between you and your insurance company to ensure payment.

Missed Appointments

Regular appointments are very important in managing your renal care. We understand that on occasion it is necessary to reschedule your visit with your provider. Please let us know as soon as possible if you are not able to keep your appointment so that we can offer you alternatives.

Unless cancelled at least 48 hours in advance, it is our policy to charge $25 for a missed appointment. Frequent missed appointments may result in dismissal from the practice. Additionally, your referring physician will be notified. This fee is not covered by insurance and is, therefore, your personal responsibility. Please help us to serve you better by keeping your scheduled appointments.

Co-payment Balances

Under the terms of your insurance contract, co-payments are due at the time of each and every service. Failure to pay your co-payment may be considered a breach of contract by your insurance company and may jeopardize your coverage. If co-payments are not paid on the date of service, a $10 billing fee will be charged to your account. This fee is not covered by insurance and is your personal responsibility.

Past Due Accounts

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 with notice. If this happens, you will be responsible for all costs of collection, including but not limited to interest, rebilling fees, court costs, attorney fees, and collection agency costs.

Returned Checks

For checks returned to us as unpaid by your bank, we will charge a $40 fee.

Questions

Please contact our Billing Office at (719) 955-7261 if you have any questions or concerns.

_____ _____ _____

Patient/Guardian Signature Print Name Date

If not signed by patient, what is your relationship to the patient? _____