

Ohio Kidney Consultants Financial Policy

Thank you for choosing Ohio Kidney Consultants. The following information will provide you with details on how your account will be managed by our practice.

Co-Payments

Most insurance plans require a “Co-pay” be paid by the insured patient for office visits. Ohio Kidney Consultants is **required** by the plans we contract with to collect your co-pay at the time you are seen and therefore, you will be expected to pay these costs in full at the time of service. Patients receiving Procrit may be required to pay a separate co-pay or co-insurance for this injection. Any questions you might have regarding co-payments due should be directed to your insurance company or your employer’s human resources department.

Your Insurance Card

We require that you bring your insurance card in with you to each visit so that we can confirm your eligibility. If you do not present your card and it is determined that you do not have coverage you will be responsible for the charges incurred at the time of service. Certain insurance claims may be filed as a courtesy. However, if a claim is denied for any reason, you will be responsible for payment.

You are responsible for keeping the office informed as to any changes in your insurance contract or carrier information. If updated information is not provided to our office within 30 days from the effective date of the change, you may be held responsible for any and all charges incurred during that time.

Please be aware that your insurance policy is a contract between you and your insurance carrier and that Ohio Kidney Consultants is not a party to your contract. We are pleased to provide the service of submitting claims for our patients; however we remind you that you are ultimately responsible for payment of any services provided to you.

Self Pay Patients

If you do not carry insurance you are considered a “Self-pay” patient, which means that you are expected to pay in full for any treatment provided at the time of your service.

If you do not have insurance and are unable to pay for your services in full, please contact our billing office at 614-538-2255 to make suitable arrangements *prior* to your visit with the provider. Ohio Kidney Consultants, Inc. is a private physicians practice and is not associated with any non-profit organizations. We do not receive any type of government funding for services rendered.

If you qualify for a self pay discount and your account is sent to collections, the discount will be reversed and you will owe the full amount. When you contact the billing department to make payment arrangements before your appointment, they will go over the self pay discount with you.

Methods of Payment

Ohio Kidney Consultants, Inc. offers a number of payment options. We accept cash, check, Visa, MasterCard, and Discover.

Outstanding Balances

Any outstanding balances will be collected when you come in for subsequent visits with our providers. Any account not paid within 30 days of billing will be considered delinquent. If the account goes over 90 days without an established payment plan, it will be considered in default and could be referred to an agency for outside collection. In the event that the use of a collection agency is necessary, there will be a \$50.00 handling fee assessed.

Any patient with an account in default may be considered for dismissal from the practice.

Charges You May Incur

If we are asked to complete additional forms or reports for you there will be additional charges. Form and report completion fees are collected when the request is made. These fees will **NOT** be billed to your insurance company. Additional charges will be assessed for the following:

- Disability forms
- FMLA forms
- Copies of medical records
- Returned checks \$30
- Attending physician statement

Assignment of Benefits

I hereby assign to Ohio Kidney Consultants (OKC) any insurance or other third party benefits available for services provided to me. I understand that OKC has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to OKC, I agree to forward to OKC all health insurance and other third party payments that I receive for services rendered to me immediately upon receipt.

I have read the Ohio Kidney Consultants Inc. financial policy and have been given an opportunity to ask questions on any points that I did not understand. I agree to abide by the policy.

Signature of Patient/Guardian

Date

Print Name