

CAPITAL NEPHROLOGY ASSOCIATES, P.A.

FINANCIAL ARRANGEMENTS AND INSURANCE

You will find that our fees for specialized care are comparable to other Nephrologist's in this area. If you have medical insurance to cover your expenses will as a courtesy to you file your insurance. We are anxious to help you receive your maximum allowable benefits, and in order to achieve these goals we need your assistance and your understanding our payment policy.

If you do not have medical insurance you are expected to pay for services incurred at time of service. We realize that individual financial situations may affect timely payment of your account. If this is the case you will be asked to talk to one of our account representatives to set up a regular payment plan for services incurred.

We will make every effort to maximize your insurance benefits, but you must understand the following:

- 1.) Your insurance coverage is a contract between you, and the insurance company. We are not a part to that contract.
- 2.) Insurance companies often judge a fee as "usual and customary" (UCR). As a specialist in Nephrology our fees are grouped in with other nephrologist's for UCR calculation. Therefore some of our fees may be slightly higher than the UCR because of the severity of different problems with individual patients.
- 3.) Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services the will not cover.

We must emphasize that our relationship is with you as a patient not with your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients all charges are your responsibility from the date the services are rendered.

If you have any questions about the above information or any uncertainly regarding insurance coverage, please don't hesitate to ask our staff. We are here to help you.

This is to certify that I, the undersigned agree to accept full responsibility for the payment of all fees and that I have read, understand, and agree to the financial stated above.

PATIENT/GUARDIAN'S

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ CHART#: _____