

Georgia Kidney Associates Inc.

Financial Policy

The physicians and staff of Georgia Kidney Associates are committed to providing you with the best possible care. We feel that it is important to our professional relationship that you understand our financial policies. Your signature at the end of this policy indicates your acceptance of these terms:

Managed Care Plans:

If you are covered by a managed care plan commonly referred to as an HMO, POP or POS, our contract requires us to collect a co-payment at each visit. It is our policy to collect co-payments at the front desk before you see the doctor. We appreciate your cooperation in this matter.

Our physicians are both specialists and/or primary care providers (PCP) for most of the major HMOs. **If one of our physicians is your specialist, your insurance company may require a referral before you can be seen in our office.** Our contract with the managed care companies prohibits us from seeing a patient without a referral. Therefore, if you do not have a referral in hand when you arrive, you will be asked to contact your PCP to obtain the referral. This may delay and/or cause your appointment to be rescheduled for lack of required documentation. Should you decide not to follow the referral guidelines, a waiver must be signed and payment in full will be requested at the time of service.

It is the responsibility of the patient to become familiar with his/her insurance plan and the referral pre-certification process and facilities approved by the plan.

If one of our physicians is your primary care provider, or, PCP, we must have 72 hours' notice in order to issue or renew a referral to your specialist. Please contact our referral coordinator at Ext. 224 at least 72 hours prior to the day of your appointment to obtain or renew your referral.

Commercial insurance:

We will file primary insurance claims to all commercial carriers.

Secondary Insurance:

It is our policy to file office charges to secondary insurances only for those patients on Medicare. We do, however, file secondary insurance for all hospital stays. We will keep your secondary insurance on file so that, in the event of hospitalization, we can file your secondary claim. You will be provided with the necessary documentation to file your secondary claims at the time of your visit.

Medicare:

Because our physicians participate with Medicare, we are required to accept Medicare's allowable fee as our total charge. We will collect 20% of the allowable amount at the time of your visit. If you have a secondary insurance carrier, we will wait until it has been filed before collecting the 20% fee.

Medicaid:

Medicaid patients are required to show proof of coverage at every appointment. Patients will be expected to pay for co-pays and noncovered services at the time of service. Patients covered under Georgia Better Healthcare are required to have a referral from their primary care physician prior to being seen,

Automobile Insurance:

Patients are required to pay for office visits at the time of (remove .)service. You will be given the necessary paperwork to obtain reimbursement from the automobile insurance carrier.

Uninsured Patients:

Payment is expected at the time of service. If you are unable to pay the full amount, please ask to speak to our billing office to arrange a payment plan. **Whenever possible, payment arrangements should be discussed prior to the initial appointment.**

Other Policies.

There will be a \$20.00 returned check charge added to your account balance if a check is denied or returned for insufficient funds.Our charges are filed to insurance on a daily basis. If your insurance company has not paid your charges within 90 days of filing, you will be expected to pay the balance in full. Should this occur, our billing office, upon your request, will furnish the necessary paperwork to assist you in obtaining direct reimbursement from your insurance company.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICIES OF GEORGIA KIDNEY ASSOCIATES INC.

Patient Name: _____

Date: _____

Patient/Responsible Party Signature: _____