

GEORGIA KIDNEY ASSOCIATES MANAGED CARE POLICY

In order to better serve the needs of our patients, we have enrolled in numerous managed care, HMO's and PPO's.

Each of these managed care plans has different requirements. While we make every effort to keep our records updated on each plan's individual requirements, we must ultimately depend on you, the insured, to advise us of the requirements **for your individual plan** so that we may refer you to facilities and providers that are within your plan's guidelines.

Providing quality medical care for our patients is our primary concern and we are very willing to refer to physicians and/or facilities within your plan's guidelines. Please familiarize yourself with the following information provided in your insurance booklet.

1. Our normal reference lab is **Labcorp**. If your insurance company requires that lab services be provided by a lab other than Labcorp, please advise us of this **before** your lab work is drawn.
2. Some plans required that outpatient x-rays, especially MRI's, ultrasounds and CAT scans are pre-certified **before** the procedure is performed. If this pre-certification number is not obtained **before** the procedure, you may be required to pay for the entire cost of the exam.
3. We normally send our patients to **WELLSTAR RADIOLOGY** for x-rays, scans, and ultrasounds. Some insurance plans specify a different facility be used for these tests. Please let us know **before** your test is scheduled as you will be responsible for the entire charge if you do not go to a facility within your plan.
4. If your insurance company requires a **specialist referral** from your primary care physician (PCP) before you can be seen by our physicians, it is your responsibility to obtain that referral **prior to your appointment**. You should bring the referral with you to your appointment. Our contract with the insurance company prohibits us from seeing you without the referral. If you are seen without a referral and our payment is denied, you will be responsible for the entire balance. If a referral is required and you are unsure of the correct procedure, please let us know when you make your appointment so we can provide assistance.
5. Most insurance companies require pre-certification of hospital admissions. Please let us know if your plan requires this so that our nurses can notify the insurance company as soon as possible of your admission.

Unfortunately, if you do not inform us of any special requirements in your contract and we order or schedule procedures or hospitalization at a non-approved facility, the facility will bill you direct and the charges are your responsibility.

In the event that your coverage has lapsed or expired on the date that the services are rendered, all charges will be denied and ultimately become your responsibility. In order to avoid this, please keep us advised of any insurance or policy changes as they occur.

If you have any questions or need assistance, please know that our staff is available to help in any way that we can. By working together, you should be able to receive all the benefits offered to you and we will be able to concentrate on providing the quality medical care that you deserve.

I have read and understand the office policy as stated above and agree to accept responsibility as described.

Patient and/or Insured

Date