

NORTHWEST NEPHROLOGY CLINIC

HYPERTENSION AND NEPHROLOGY

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Financial Policy

Thank you for choosing us as your healthcare provider. The following is a statement of our financial policy, which we require that you read and sign prior to any treatment.

I authorize my insurance benefits be paid directly to **Northwest Nephrology Clinic**. I understand that I am financially responsible for any balance. I also authorize **Northwest Nephrology Clinic** or insurance company to release any information required to process my claims.

Understanding your bill

When you receive your bill, you will have the name of the physician whom treated you. Bills for physician services are separate from bills you will receive for any services performed outside our office. Quest Diagnostics and LabCorp are separate entities from Northwest Nephrology Clinic.

Regarding Insurance

WE DO REQUIRE YOUR CO-PAYMENT, DEDUCTIBLES AND ANY CO-INSURANCES BE PAID AT THE TIME SERVICES ARE RENDERED. IF YOU ARE UNABLE TO PAY AT THE TIME SERVICES ARE RENDERED, YOU MAYBE REQUIRED TO RESCHEDULE YOUR APPOINTMENT IF OTHER ARRANGEMENTS HAVE NOT BEEN MADE WITH THE BILLING DEPARTMENT. It is your responsibility to provide us with complete and accurate insurance information. If you are a member of a managed healthcare system or an HMO (Health Maintenance Organization), such as Aetna, Blue Cross Blue Shield HMO or POS, Cigna, or Coventry, etc., a referral is required from your primary care physician before we can see you. **IT IS YOUR RESPONSIBILITY TO OBTAIN THIS REFERRAL FROM THE PHYSICIAN or PRACTICE LISTED ON YOUR INSURANCE CARD.**

Uninsured Patients

Full payment is due at the time services are rendered. We accept your personal check, VISA, MC, and American Express. If your physician orders labs work for you, you will receive a separate bill from the lab for those charges. If you are unable to pay the full amount of your bill, please ask to speak to someone in our billing department in order to make payment arrangements.

Other Policies

For any checks returned unpaid, your account will be charged a 35.00 service fee. We do not balance bill for any copays. Copays are paid at the time services are rendered. **If you are unable to keep your appointment, please notify the office within 24 hours. If you do not call to reschedule within that time, your account will be accessed a 30.00 fee which must be paid in addition to any other co-pays or co-insurance before seeing your physician.**

Billing Inquiries

When you have a question regarding your bill, you may call 770-981-2211 and ask to speak with a representative in the billing department.

I have read and agree to this financial policy. I understand that failure to follow this policy may result in delay of medical services.

DATE

PATIENT SIGNATURE