



FINANCIAL POLICY

As a courtesy to our patients, we participate in many health care insurance programs. Insurance is considered a method of reimbursing the patient for professional fees paid to the doctor and is not a substitute for your responsibility of payment for services provided.

- As the patient, it is your responsibility and obligation to understand your health insurance policy benefits and obligations. This includes your financial obligations for services provided, by the participating physician, and to obtain prior authorization when necessary.
- It is your responsibility to inform us prior to services being provided of any potential third-party coverage, including but not limited to health insurance policies or workman’s compensation.
- Health care regulations require the collection of all co-payments, deductibles, balances and non-covered professional fees at the time of service. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance company.
- If the event your insurance company requests a refund of payment or denies coverage for the services provided, you will be responsible for the balance due.
- If your insurance company does not pay for professional services within a reasonable time period, we have the right to bill you for the balance of your account.
- All fees and co-payments are collected at the time you received services. Insurance co-payments are collected at every visit.
- Some insurance companies only pay a portion of the professional fees (fixed allowances or percentages). Depending on your plan, you may be required to pay any outstanding balance on your account.
- A \$ 25.00 Administrative fee is charged on all returned checks.
- An account is considered past due 30 days following billing unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to a collection agency. If your account is unpaid and turned over for collections, you will be responsible for accrued interest fees and/or all collection costs, including reasonable attorney’s fees.
- We would appreciate your help and the courtesy of a call if you are unable to keep an appointment. Please notify our office at least twenty four (24) hours prior to the appointment time. We reserve the right to charge a missed appointment fee for each appointment that is not canceled in a timely manner.

For your convenience, our billing office is staffed Monday through Friday from 9:00 AM to 4:00 PM. The phone number is 866-785-3627. Our knowledgeable staff will be happy to address any questions or concerns you may have regarding our financial policy or your account.

By signing below, I acknowledge that I have read and understand the financial policy of Nephrology Associates of Northern Illinois/Indiana. I accept financial responsibility for the professional services and understand that I will be responsible for any unpaid balance, on my account.

Patient or legally authorized individual signature

Date of signature

Printed name if signed on behalf of the patient

Relationship (parent, legal guardian, personal representative)