

CARROLL COUNTY NEPHROLOGY, PC

PATIENT FINANCIAL POLICY

At Carroll County Nephrology, PC, we are committed to providing our patients with quality medical care while maintaining clear and consistent financial policies. We ask that patients review this policy carefully and understand their financial responsibility for services received.

1. Patient Financial Responsibility

The patient, or the patient's responsible party, is ultimately responsible for payment of all services provided by Carroll County Nephrology, PC.

Insurance coverage is a contract between the patient and the insurance company. Carroll County Nephrology, PC is not a party to that contract and cannot guarantee payment by an insurance carrier.

Patients are responsible for:

- Providing current and accurate insurance information at each visit or whenever coverage changes.
- Providing a valid photo ID and insurance card when requested.
- Understanding their insurance benefits, including deductibles, copayments, coinsurance, exclusions, and non-covered services.
- Paying applicable copayments, coinsurance, deductibles, and other amounts determined to be the patient's responsibility.
- Promptly notifying our office of any changes to insurance coverage, address, telephone number, or other demographic information.

2. Insurance Verification and Claims

Our office will make reasonable efforts to verify insurance eligibility and benefits and to submit claims to participating insurance companies as a courtesy to our patients.

Insurance verification is not a guarantee of payment. Final determination of coverage and patient responsibility is made by the patient's insurance company after the claim has been processed.

If an insurance company denies, reduces, or does not pay a claim because of the patient's eligibility, coverage limitations, deductible, coinsurance, authorization requirements, non-covered services, coordination of benefits, or other insurance-related circumstances, the balance may become the patient's responsibility.

Patients are encouraged to contact their insurance company directly regarding questions about benefits or coverage.

3. Copayments and Payments Due at Time of Service

Copayments and other amounts designated by the patient's insurance plan as due at the time of service are expected to be paid at check-in.

Patients may also be asked to pay outstanding balances or other amounts that are due according to their account.

Failure to pay an amount due at the time of service may result in the account being subject to additional collection activity and/or may affect the ability to schedule future non-urgent appointments.

4. Deductibles and Coinsurance

When applicable, patients are responsible for deductibles, coinsurance, and other patient responsibility amounts established by their insurance plan.

Because insurance companies may not provide an exact determination of patient responsibility before a claim is processed, any estimate provided by our office is only an estimate and is not a guarantee of the final amount owed.

5. Statements and Patient Balances

After insurance has processed a claim, any remaining balance determined to be the patient's responsibility will be billed to the patient.

Patients are responsible for reviewing their statements and contacting our billing department if they believe an amount is incorrect.

Payment is expected upon receipt of the statement unless other arrangements have been approved by Carroll County Nephrology, PC.

6. Payment Methods

Carroll County Nephrology, PC accepts the payment methods made available by the practice. Patients may contact the office regarding accepted forms of payment.

Patients are responsible for ensuring that payments submitted to the practice are valid and authorized.

Please be aware that there will be a \$30.00 charge for non-sufficient funds for returned checks marked with non-sufficient funds.

7. Payment Arrangements

If a patient is unable to pay an outstanding balance in full, the patient should contact our billing department as soon as possible to discuss whether a payment arrangement is available.

Payment arrangements must be approved by the practice and must be honored according to the agreed-upon terms.

A payment arrangement is not automatically granted and may be subject to specific requirements.

8. Past-Due Accounts

Accounts with unpaid balances may be subject to collection activity when appropriate.

Patients should contact our office promptly if they are experiencing financial difficulties or believe there is an error with their account. Early communication may allow the practice to review the account and determine whether an appropriate payment arrangement or other resolution is available.

9. Returned Payments

If a payment is returned because of insufficient funds, a closed account, stop payment, or another reason, the patient may be responsible for the original balance and any applicable returned-payment fee permitted by law.

There is a \$30.00 charge for returned checks.

Repeated returned payments may result in additional payment requirements.

10. Non-Covered Services

Patients are responsible for charges associated with services that are not covered by their insurance plan, subject to applicable federal and state requirements.

When the practice is aware in advance that a service may not be covered, the patient may be notified when appropriate. However, patients remain responsible for understanding the limitations of their insurance coverage.

11. Workers' Compensation and Other Third-Party Claims

Patients must notify the office if their visit is related to workers' compensation, an automobile accident, liability claim, or another third-party claim.

The practice may require appropriate claim information and documentation before submitting claims to a third party.

If a third party does not pay the claim, the patient may remain financially responsible for charges that are legally owed.

12. Minors

A parent, legal guardian, or other responsible party who seeks or authorizes treatment for a minor may be responsible for payment of charges associated with the minor's care, subject to applicable law and insurance requirements.

13. Financial Assistance

Patients experiencing financial hardship are encouraged to contact the office to discuss their circumstances.

Any financial assistance, adjustment, or payment arrangement must be approved by Carroll County Nephrology, PC and will be handled in accordance with applicable laws, regulations, and practice policies.

14. Medical Care and Financial Matters

Carroll County Nephrology, PC recognizes that patients may experience financial difficulties. Patients are encouraged to communicate with our office regarding outstanding balances rather than allowing an account to become significantly past due.

Financial obligations will be handled separately from clinical decisions and will not affect the medical judgment of our providers.

15. Questions Regarding Your Account

Questions concerning insurance claims, statements, balances, or payment arrangements should be directed to the Carroll County Nephrology, PC billing department.

Patients should contact the office promptly if they:

- Receive a statement they believe is incorrect;
- Believe insurance was billed incorrectly;
- Have changed insurance coverage;
- Have questions about a balance;
- Are unable to pay their balance; or
- Need to discuss a payment arrangement.

16. Administrative Fees

Carroll County Nephrology, PC will charge an administrative fee of \$45.00 to patients requesting forms (ex: medical records copies, disability, family medical leave, medical equipment forms, etc.) to be completed by staff. The patient is responsible for this fee.

17. 24-Hour Cancellation Notice

Carroll County Nephrology, PC requires a 24-hour cancellation notice for all cancellations. If no one is available when you call, please leave a detailed message with your name, date of birth, and appointment date/time. If appropriate notice is not given, there will be a \$25.00 charge.

Patient Acknowledgment

I acknowledge that I have received and reviewed the Carroll County Nephrology, PC Patient Financial Policy. I understand that I am financially responsible for charges associated with the medical services provided to me, including amounts determined to be my responsibility by my insurance company.

I understand that insurance verification is not a guarantee of payment and that I am responsible for keeping my insurance and personal information current.

I agree to notify Carroll County Nephrology, PC promptly if I have questions or concerns regarding my account or if I am unable to meet my financial obligations.

Patient Name: _____

Date of Birth: _____

Patient/Responsible Party Signature: _____

Date: _____

Relationship to Patient (if applicable): _____