

**NEPHROLOGY & INTERNAL MEDICINE
OF ANDERSON, PA
TELEPHONE: (864) 224-8716 FAX: (864) 226-2287**

FINANCIAL POLICY / CONSENT TO TREAT

Payment is expected when services are rendered unless the practice is a participating provider with your insurance company.

Nephrology & Internal Medicine are participating physicians in the Medicare Program, which means that we accept assignment of benefits. We also accept SC and Georgia Medicaid. Our physicians are members of various Health Maintenance Organizations. We request that you bring your insurance information at the time of your first visit and that you notify us of any change in your insurance coverage whenever a change occurs. Please check with your insurance carrier regarding our status as a Preferred Provider. We are a Specialty Group and therefore require the specialist co-pay rate prior to your visit.

Participating

If we are a Preferred Provider with your insurance carrier, then we will file your insurance claim for you after you have paid your co-payment amount. Please be prepared to pay this amount at the time of your visit. Your insurance will not be processed until the co-pay has been paid.

Non-Participating

If we are non-participating physicians in your insurance plan, we require that you be responsible for any out-of-network fees and co-insurance amounts.

Secondary Coverage

If you have secondary coverage, we will file the claim for you. Any co-payments due must be paid prior to our filing the claim.

Referrals

Since we are a Specialty Group, you must present your referral form to the front desk, prior to treatment, if your insurance carrier requires that you have one to see a specialist. We will reschedule your appointment if you do not have the required referral form.

Pre- Certification

If your insurance company requires that you have pre-certification prior to treatment, you or a family member will be responsible for obtaining the pre-certification from your insurance company. You should find the telephone number on the back of your insurance card.

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I have read, understand, and agree to this Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, deductible, and out-of-pocket fees are my responsibility.

I authorize my insurance benefits be paid directly to Nephrology & Internal Medicine of Anderson, PA.

I authorize Nephrology & Internal Medicine of Anderson, PA, and Staff to perform medical evaluation and treatment as deemed necessary and release personal health information about me for treatment, payment, and healthcare operations. I understand that “consent to treat” is “implied” if I enter into a patient/physician relationship by being treated by one of the physicians employed by Nephrology & Internal Medicine.

If I am covered by Medicare, I request that payment of authorized Medicare benefits be made payable, on my behalf, to Nephrology & Internal Medicine of Anderson, PA for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents needed to determine these benefits payable for related services.

Patient Printed Name _____

Patient of Guardian Signature _____

Date _____

Date of Revision: 8/23/2004