



Carolina Kidney Associates, PA

Financial Policy

Welcome to Carolina Kidney Associates, PA. Thank you for choosing our physicians to provide your healthcare needs. The purpose of the policy is for the patient to be informed and prepared for their financial responsibilities to Carolina Kidney Associates, PA.

Copay- Carolina Kidney Associates, PA is a specialist. A "Specialists" copay is due at time of service. All balances, such as unpaid or unmet deductibles or coinsurance fees are also due at this time.

Insurance- Carolina Kidney Associates, PA participates with most major insurances. You may request a copy of contracted insurance carriers. If your insurance coverage changes, please notify us before the next visit, so we can make the appropriate changes to help you receive maximum benefits.

Claims Submission- As a courtesy, Carolina Kidney Associates, PA will submit your claims. Your insurance company may request you supply them additional information. It is your responsibility to comply with their request. Please do not assume that your claims will be paid in full if you have more than one insurance policy. Claim balances are your responsibility, whether or not your insurance company pays your claim. Insurance benefits are a contract between you and your insurance; we are not party to that contract.

Referrals- It is the patient's responsibility to ensure any required insurance referrals for treatments are provided to the practice before the visit. We recommend you to contact your insurance carrier, prior to your appointment, to verify your benefits.

Self -Pay/Payment- Patients that do not have insurance are expected to pay for medical services at the time services are rendered. If you need to set up payment arrangements, please call the billing department at (336) 379-9708.

Collections- Once your account goes beyond 120 days; it is sent to an outside collection agency. To avoid collection activities, call the billing department to make payment arrangements, 336-379-9708.

Returned Checks- a fee of 25.00 will be assessed for any returned checks.

Forms- If you need assistance completing such forms as disability, FLMA, etc., please ask, we will be happy to assist you. There is a processing fee of \$15 per form; however the complexity of the forms may require an additional charge. A processing fee also applies to Medical Records. All processing fees are due prior to picking up completed forms.

No Show policy- If you need to cancel your appointment, we require a 24 hour notice. A \$25.00 fee may be charged to your account for no shows and cancellations received less than 24 hours prior to the appointment.

Please sign in the space provided acknowledging you have read and understand our Financial Policy.

PRINT PATIENT/GUARDIAN NAME

DATE OF BIRTH

PATIENT/GUARDIAN SIGNATURE

DATE