

SOUTH SHORE NEPHROLOGY, P.C.

Financial Policy

The physicians of South Shore Nephrology, PC are interested in maintaining a long and healthy relationship with all of our patients. Should you have any questions regarding a bill please call (508) 747-4883 x12.

Patient Responsibility:

It is the responsibility of the patient to know your insurance benefits and confirm with your insurance carrier that we participate within your plan. Should your insurance be denied due to inaccurate information or cancellation of coverage, payment in full will be expected for services rendered.

Should your insurance require a referral, it is the responsibility of the patient to obtain the referral from your primary care provider prior to each appointment to ensure our services will be covered. All patients who do not have a referral will be asked to sign a waiver accepting financial responsibility or we reserve the right to reschedule your appointment until a valid referral is on file.

Appointment Cancellations:

For patients who are unable to keep an appointment, please call the office within 24 hours of the scheduled visit. A fee of \$50.00 will be charged for missing an appointment without prior notice.

Copays, Coinsurance and Deductibles:

In accordance with the requirements of your insurance carrier, copayments are due at the time of your visit. Each missed copayment will be assessed a Copayment Billing Fee of \$5.00.

If you have a deductible as part of your plan, which applies to visits with our providers, you are responsible for paying this within 90 days. If you have Medicare and you do not have a supplemental insurance policy, the 20% coinsurance will be your responsibility. There is a \$25.00 Non-Sufficient Funds Fee due for each check payment returned to us by your bank. The bank automatically charges us for each bounced check.

Collections and Billing:

One balance billing statement will be mailed to the patient after insurance payments have been received by our office. Patients who have an outstanding balance over 90 days will incur an additional \$30.00 Collection Fee. The fee will automatically be applied to the patient account following 90 days from the date of service.

Records:

An Administrative Fee of \$15.00 will be charged for forms which must be completed by our staff (medical records copies, disability, family medical leave, medical equipment forms, etc.). The patient requesting the forms will be responsible for this fee.

Non-Covered Charges:

All charges not paid by your insurance carrier will require payment in full upon notice of insurance claim denial. This practice is not responsible for services provided that are deemed non-covered. It is your responsibility to know what your insurance covers.

Insurance/Medicare Patient:

Medicare patients are responsible for deductible, co-insurance and all non-covered services at the time of service. Medicare assigns a reimbursement determination and the practice agrees to accept this determination allowed by Medicare. As a Medicare patient, I authorize payment of Medicare benefits to be made on my behalf to South Shore Nephrology, P.C. for any services furnished to me by South Shore Nephrology, P.C.

Please sign below to indicate that you have read and understand all of the above statements.

Name of Patient (please print full name)

Date

Signature