



## FINANCIAL POLICY

We are pleased that you have selected our office to provide your Nephrology care. As part of that care we have developed this statement of our office policies. Please carefully read the following and sign below.

### *Co-payments*

\_\_\_\_\_ Co-payments are due at the time services are rendered. Payments can be made by check,  
Initial cash, MasterCard or VISA.

### *Referrals*

\_\_\_\_\_ Referrals must be presented at the time services are rendered. Should you need to have  
Initial one faxed to us, our office will have a telephone available for you to contact your primary care physician. Without a referral, your appointment may be rescheduled or payment for today's service would be due.

### *Financial Responsibility*

\_\_\_\_\_ Patients are responsible for all co-payments, deductibles, and charges not covered by  
Initial health insurance. Without valid health insurance, full payment is expected at the time services are rendered.

### *Account Balances*

\_\_\_\_\_ Our office provides you monthly statements of all account activity including charges,  
Initial payment and contractual adjustments. Should you have any question regarding your account contact our Business Office at (410) 536-5400 for assistance. Failure to pay outstanding balances that are your responsibility may result in the practice forwarding your account to a Collection Agency or Collection Attorney of our choice and may result in additional fees, including an administrative fee of 30%.

### *Rescheduling / Canceling Appointments*

\_\_\_\_\_ Please help us serve you by keeping your scheduled appointments. Should you need to  
Initial change your appointment, contact our office at least 24 hours prior to your originally scheduled visit.

### *Missed Appointments*

\_\_\_\_\_ Following three consecutively missed appointments, the scheduling of future  
Initial appointments would be at the discretion of your Physician.

I have read and understand the office policies explained above.

\_\_\_\_\_  
Patient / Responsible Party Signature

\_\_\_\_\_  
Date