

Renal Care Consultants, PC

760 Golf View Dr, Suite 200
Medford, Oregon 97504
Phone: (541) 618-4400
Fax: (541) 618-4406

Name: _____

Date of Birth: _____

Policy on Patient Accounts and Conditions of Treatment

Renal Care Consultants, PC is a private institution that operates for the benefit of the people who seek the services of our medical staff. We provide quality care, at what we believe to be fair and reasonable fees. Since we do not receive financial assistance from any outside source, we must recover the cost of providing services from our patients.

It is Renal Care Consultants, PC policy that the responsibility for pre-authorization and paying for care will be placed on those who receive it. Therefore, all accounts will be administered under the following guidelines:

1. **INSURANCE PRE-CERTIFICATION.** Many insurance companies require pre-authorization or a second opinion for some medical procedures. The responsibility is the patient's to determine the procedure and guide Renal Care Consultants, PC in obtaining necessary pre-authorizations or second opinions when needed. Failure to obtain necessary pre-authorizations or second opinions may result in a reduction or rejection of benefits by the insurance company.

2. **ACCOUNT BALANCE.** If you have a balance on your account you will receive a monthly statement until the account is paid in full. Bills are due and payable upon receipt of this monthly statement. We will bill your insurance for you if you provide us with the appropriate billing information. Your insurance will make payment directly to Renal Care Consultants, PC and you will be responsible for any deductible, co-payments, or other patient balances.

3. **PAYMENT OPTIONS.** Payment options include cash, check, Visa, MasterCard, or debit cards. If you have special financial needs, feel free to discuss this with our Billing Manager to establish an extension of credit terms until paid in full.

4. **MEDICARE PATIENTS.** Renal Care Consultants, PC is a participating provider with Medicare.

5. **HOSPITAL AND OTHER OUTSIDE CHARGES.** Hospital bills are separate from those of the providers at Renal Care Consultants, PC. Services provided by the hospital will be billed from there. It is also sometimes necessary to send some laboratory/pathology specimens to special laboratories. If this is necessary, you may receive billing for those services from a laboratory other than Renal Care Consultants, PC. Questions arising from about bills from these outside services must be directed to the providers of those services.

6. AUTHORIZATION FOR DISCLOSURE OF INFORMATION FOR PURPOSE OF SERVICE

REIMBURSEMENT. I hereby authorize Renal Care Consultants, PC to disclose all or part of the medical record of the above patient to any company that may be responsible for payment of all or part of that patient's medical charges. Disclosure of the medical record may be necessary to determine eligibility for benefits and to obtain reimbursement for health care services. I hereby release Renal Care Consultants, PC from all legal responsibility or liability that may arise from disclosure of these records. I understand that I may revoke this authorization at any time in writing except to the extent that Renal Care Consultants, PC has already taken action on my claim.

7. If you would like a copy of our "Notice of Privacy Practices", please inquire at our front desk. We are always happy to provide our patients with copies of our policies when requested.

Signature

Date