

**FINANCIAL POLICY
FOR
SAN ANTONIO KIDNEY DISEASE CENTER PHYSICIANS GROUP, P.L.L.C.**

We are committed to providing you the best medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time. Your clear understanding of our Financial Policy will enhance our professional relationship. Thank you for your review and acceptance of this policy.

- All new patients must fully complete our Patient Information Form before seeing a doctor.
 - Full payment for services is due at the time of service, unless other mutually agreed upon arrangements are made with our office staff.
 - **INSURANCE**
You are responsible for timely payment of your account. Insurance is a contract between you and your insurance company. We are NOT a party to this contract, nor can we become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, “usual and customary” charges, etc. Our involvement will be limited to supplying factual information to facilitate claim processing.
1. HMO and PPO
Co-payments will be required prior to your being seen by the physician. Deductibles may also be due at the time of service, when applicable.
 2. Medicare
We are participating Medicare providers, thus we accept assignment on your claims. We are required by Medicare to file your claims for you. Medicare will pay us directly and provide you an (EOB) Explanation of Benefits detailing allowances, payments and/or denials.
 3. Third Party (not HMO/PPO), or Supplemental (Secondary)
As a courtesy, we file third party and supplemental claims. In the event your insurance does not pay, the balance is due from the responsible party.

I have read, understand and agree to accept the Financial Policy as set forth by the San Antonio Kidney Disease Center Physicians Group, P.L.L.C.

RESPONSIBLE PARTY

DATE