

NEPHROLOGY ASSOCIATES OF SYRACUSE, PC

Adebowale O. Oguntola, MD
 Philip T. Ondocin, MD
 Matthew G. Chaffin, MD
 Simardeep S. Mangat, MD
 Bala K. Murthy, MD
 Antoine Azar, MD

Marcia H. Ryder, RN, NP
 Jacquelyn A. Spencer, RN, NP
 Alyssa C. Miles, PA
 Tracy A. O'Neill, PA
 Joanna A. Woodruff, RN, AGPCNP

Anne E. Zaccheo, MBA, FACMPE
 Practice Director

2018 FINANCIAL AND ADMINISTRATIVE POLICY

Payment is expected at time of service. If full payment is not possible at time of service, a partial payment is expected. Payment plans may be set up on an individual basis with our Billing Staff. Please provide current insurance identification card (s) and valid identification at each visit, and please keep us updated on your current cell number and address.

<u>Your Health Plan</u>	<u>Patient Responsibility</u>	<u>Nephrology Associates Responsibility</u>
Medicare	Pay your deductible (\$183 for 2018) and co-insurance (20% of the allowable) at the time of service	We will file Medicare for you. If you have a supplemental insurance, we will file for you.
Medicare and a secondary insurance	No payment due at time of service	We will file Medicare and your secondary insurance for you
Medicare and Medicaid	No payment due at time of service	We will file Medicare and Medicaid for you
Medicaid/Managed Medicaid	Pay copay(s) as applicable	We will file Medicaid for you
Medicare Advantage Plans	Pay applicable deductible, copays and coinsurance.	We will file Medicare Advantage for you
Insurances we participate with	Pay your deductible, coinsurance, or copay at time of service	We will file your insurance for you
Non-Contracted Plans: insurances we are not participating with	Pay the visit in full at time of service	We will file your insurance for you and assign benefits to you so you will receive payment from your insurance plan
Self-Pay	Pay \$200 down payment at first visit and sign a payment plan for any balance over \$200.	Follow per policy stated
Non-Covered Charges	All charges not covered by your insurance carrier will require payment in full at time of service or upon notice of insurance claim denial	We will file your health plan claim for you

Other Fees:

- Returned check - \$25
- No Show Fee - \$30

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- Disability/NYS PFL Forms - \$25
- Collection Agency Fee - \$25
- Medical Record Requests – Your records are confidential so your *written authorization* is required to obtain them. Processing time for record requests may take up to 10 business days. Fees - Paper format: the first fifty pages are free. For 50+ pages, and for electronic format, a reasonable, cost-based fee will be charged. Please submit a written request or complete an *Authorization for Release of Information Form*.

PATIENT PORTAL: Our Patient Portal and online payment is available via our web site at www.nephrologysyracuse.com.

APPOINTMENTS: Our practice utilizes an automated appointment reminder system and will provide a reminder phone call, text message, or email based on your preference. Calls are made three days in advance to confirm appointments and provide access for other patients' needed care in the event an appointment must be changed. If you need to cancel or reschedule your appointment, we ask you to kindly respond timely to a phone call, text, or email reminder. We reserve the right to charge a no-show fee after repeated no show appointments. Multiple missed appointments or last-minute cancellations or reschedules may lead to dismissal from the practice due to noncompliance. All active patients are required to have a scheduled appointment to ensure continued follow up care.

INSURANCE & PAYMENTS - It is the patient's responsibility to find out if NAS participates with your insurance company. Each insurance company has many plans that can vary even within one employer. We have a list of participating insurance carriers on our website at www.nephrologysyracuse.com. Whatever is not covered by your insurance plan(s) is your responsibility. You must present your insurance card(s) at each visit. Your co-pay is due at the time of service. We accept cash, checks, money orders, Master Card, Visa, Discover and American Express.

AGREEMENT TO PAYMENT POLICY

I have reviewed and been given an opportunity to ask questions about the Financial and Administrative Policy and agree to the terms of payment due.

AUTHORIZATION TO RELEASE INFORMATION

I authorize release of my medical record information, pursuant to applicable federal and state laws, rules and regulations, to third party payers and other providers participating in my care, that agree to treat my information in a confidential manner in accordance with all applicable

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federal, state, and local laws. I further authorize any other individual or entity that has provided health care to me to release to Nephrology Associates of Syracuse PC any and all of my medical record information, whether in printed or electronic form, needed to provide me with informed care. I may revoke my consent for the release of this information at any time, except to the extent that action has been taken in reliance on the consent.

ASSIGNMENT OF BENEFITS

I hereby request that payment of authorized Medicare, Medicaid and all other insurance benefits be made on my behalf to Nephrology Associates of Syracuse PC for any services provided to me and/or my dependents. I authorize any holder of medical information about me and/or my dependents to release to the appropriate entity and its agents any information needed to determine the benefits payable for related services.

GUARANTEE OF PAYMENT

If my insurance has a contract with Nephrology Associates of Syracuse PC, I am not responsible for amounts the practice has agreed to write-off per the contract. If my insurance does not have a contract with Nephrology Associates of Syracuse PC, I agree to be responsible for any amounts not paid by my insurance plan. In the event that I default on payment of my account, I understand I am responsible for any and all costs incurred on the collection of my account, including court costs and reasonable attorney's fee. If the debt is assigned to a third-party collection agency, I agree to be responsible for collection fees and interest due to amounts in default.

WRITTEN ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I hereby acknowledge that I have received and had an opportunity to ask questions concerning the Notice of Privacy Practices of Nephrology Associates of Syracuse PC.

Patient's Name Printed

Patient's Date of Birth

Patient's Signature

Date

Responsible Party Signature

Relationship to Patient