

KIDNEY CARE CENTER, PLLC
500 S. University Ave, Ste 505
Little Rock, AR 72205
501-588-1100

Muhammad G Alam, MD
Fakhar Ijaz, MD
Kashaf A. Rasheed, MD
Amy Priddle, PA
Alexandra Savenka, PA

Payment Policy

Thank you for choosing us as your Nephrology specialist. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles. All co-payments must be paid at the time of service. Failure to be prepared to pay your co-pay will result in the appointment being rescheduled. Deductibles will be confirmed with your insurance prior to arrival and 50% is due at the time of service. We will then file your claim and you will be billed any remaining balance. That will be due 10 days from statement date. Should an overpayment occur-we will gladly refund any monies due to you. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your obligation at each visit.

Non-covered services. Please be aware that some – and perhaps all – of the services you could receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the insurance information at the time of service, you will be responsible for the balance of a claim in full.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Your claim may be denied if you do not comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Nonpayment If your account is over 90 days past due, without prior payment arrangements, or payment default you will receive a FINAL NOTICE STATEMENT. You will have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains

unpaid, we will refer your account to a collection agency and you will be discharged from this practice. If this is to occur, you will need to follow with your Primary Care Doctor.

Missed appointments. Our policy is to charge a \$25.00 fee for missed appointments. These charges will be your responsibility and billed directly to you. This fee must be paid prior to any future appointments being scheduled. Please help us to serve you better by keeping your regularly scheduled appointment.

FORMS: A \$25.00 fee for completion of any type of form i.e. FMLA, disability, utility services, etc., by one of our physicians and must be paid to the receptionist upon arrival or mailed with the form.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

DATE: _____