



**AMERICARE
KIDNEY INSTITUTE**
*Quality, compassionate kidney care
in your neighborhood.*

Thank you for choosing Americare Kidney Institute. We are committed to providing you with the best care available. The following is a statement of our Financial Policy, which we require that you read and sign.

Our billing department is staffed with knowledgeable staff that are available to discuss any questions that you may have regarding your insurance or your account balance **Monday through Friday 8:00am-5:00pm @ (440)799-4224.**

PATIENT RESONSIBILITY: Co-payments and outstanding balances due when you check-in for your visit. For your convenience, we accept Cash, Checks, Money Orders, Visa, MasterCard, American Express, and Discover credit and debit cards.

INITIAL _____

INSURANCE: Your insurance policy is a contract between you and the insurance company. We work diligently to participate with most insurance companies that serve our local communities. Current patient consent forms must be filled out and signed. We will require these to be updated annually or as needed. We will copy all insurance cards, front and back. We will bill your insurance plan(s) for you, as long as you provide us with the correct information. Please be aware that some of the services provided may be non-covered and/or not considered medically necessary under your health insurance plan. You, as the patient, are ultimately responsible for payment of all services provided by our facilities. All co-payments are required at the time of service. If you have a secondary or tertiary insurance, we will bill it for you as long as you have provided us the appropriate information.

INITIAL _____

REFERRALS: If you are covered by an insurance company that requires referrals, it is imperative for you to contact your Primary Care Physician and have their office make a referral to us prior to your appointment. If your plan denies payment of your claim due to not obtaining a referral, you will be responsible for the non-covered amounts associated with that visit.

INITIAL _____

MEDICAID PATIENTS: You are not responsible for any balances due after Medicaid has paid unless your Medicaid plan has a "spend down." In order to be billed correctly, you must present your Medicaid card at every appointment.

INITIAL _____

SELF-PAY PATIENTS: If you are not covered by medical insurance, you will need to speak with the billing office. It is imperative that you do so, as we are able to provide additional information including a minimum deposit for services provided during your visit.

INITIAL _____

DELINQUENT ACCOUNTS: Accounts are due and payable as of the date billed. Unpaid balances will be considered delinquent after 90 days. We realize that it may be necessary to arrange installment or other payment plans. If you are facing financial hardship, help is available to you by calling the billing department at (440) 799-4224.

INITIAL _____

By signing this document, I understand and agree to the Financial Policy of Americare Kidney Institute, LLC.

Signature of Patient or Responsible Party

Date

Print Name

Date of Birth