

Financial Policy

Thank you for choosing Bucks County Kidney Specialists as your health care provider. We are committed to providing you with the best possible healthcare. The following information is provided to ensure that you are aware of financial policy.

- **Copay and deductibles are due at the time of your appointment.**

- **Insurance**

We will submit medical claims to your insurance company. Any balance after processing of the claim by your carrier is your responsibility. If your balance remains outstanding and no payments have been received after 90 days, your account may be sent to the collection agency.

- **Referrals**

If an insurance company requires referrals to specialists, it is your responsibility to obtain that referral prior to your appointment. Failure to obtain referrals, you will be responsible for payments incurred for the provider's services.

- **Outstanding Balance at the time of appointment**

At the time of appointment, any prior balance owed must be paid. Our office may offer payment plans for large balances. We may refuse to see if prior balances are not paid in full at the time of visit.

- **Returned Checks**

The charge for returned check is \$35. This will be applied to your account.

- **Rescheduling policy**

Patient appointment reschedules are allowed only 3 times. We may discharge patient after three reschedules.

- **Appointments Cancellation/Reschedule window**

We require 48hour notice for appointment cancellations and reschedules. Following is fee schedule

- \$50 fee for follow up patients
- \$100 fee for new patients

I have read and understand this office financial policy and agree to comply with and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) _____ Date _____

Responsible party member's name _____ Relationship _____

Responsible party member's signature _____ Date _____