

PATIENT FINANCIAL AGREEMENT

Thank you for choosing Western Nephrology as your health care provider. We are committed to being a partner in providing you conscientious medical care. Payment for services is considered an important part of that partnership. The following is a statement of our Financial Policy. Please take a moment to read and sign this Agreement.

It is your responsibility to:

- Understand your health care plan.
- Know if a referral is required.
- Know if preauthorization is required prior to a procedure.
- Know what services are covered by your health care plan.

Full payment for self-pay patients, co-payments and deductibles are due at the time of service. You may also be asked to pay your coinsurance at the time of service. In the event that you are unable to pay the full amount of your deductible or coinsurance at the time of service, you will be asked to pay at least \$50 as a deposit towards the total amount due.

We accept cash, checks, Visa, MasterCard, Discover and American Express. Any other arrangements must be made in advance with our Billing Office at 303-456-5484.

Regarding Insurance:

Your insurance policy is a contract between you and your insurance company. Payment of your bill is ultimately your responsibility. Western Nephrology contracts with—and is able to bill—most insurance carriers. We also participate with both Medicare and Medicaid of Colorado.

If you are insured by a company with which we do not contract, we can supply you with a statement of your charges. You may submit that statement, along with any additional forms your insurance requires, to your insurance company.

By signing below I confirm:

1. I have read and agree to comply with this Financial Agreement.
2. I authorize and consent to the release of medical information necessary to bill and process insurance claims.
3. I authorize payment of medical benefits directly to the physician.
4. I agree that if Western Nephrology cannot successfully collect on an outstanding balance, and payment arrangements are not established within 30 days of statement, the cost of collection, including reasonable attorney fees, shall be included as part of the obligation due.

Name of Patient (please print)

Date of Birth

Signature of Responsible Party

Date