



Office Financial Policy

Thank you for choosing We Care Nephrology to meet your kidneys' needs! Please read the following thoroughly to familiarize yourself with the policies of the practice.

- 1). **Pre-visit Payments:** We will collect your deductible, co-pay, uncovered services or the percent you are responsible for at the time of your visit. Please be prepared to pay at the time of check-in, before you are seen by the doctor. A \$10.00 fee will be assessed and added to your account balance for any co-payment not made at the time of service. This late fee may be waived if there are extenuating circumstances.
- 2). **Insured Patients:** We will file your insurance if we are providers for your plan. If your insurance denies payment on your account, you will be asked to pay by check, cash, or credit card. If you do not pay in a timely fashion, you will be responsible for any and all charges not paid by your insurance company in accordance with the laws.
- 3). **Self-Pay Patients:** This category includes patients with no insurance and the patients who have an insurance plan with which we do not participate. Payment for medical services is required prior to services being rendered.
- 4). **Delinquent Account:** Should your account become delinquent and over 90 days old, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.
- 5). **Cancellations/Re-scheduling/No-Shows:** Should you need to cancel or change your office visit appointment, you will be subject to a \$25.00 charge if you do not do so within a 24-hour business day advanced notice. No-shows will also be subject to a fee of \$25.00.
- 6). **Returned Check Fee:** It is the policy of We Care Nephrology to charge \$20.00 to patients whose checks are returned by our bank for non-sufficient funds.

As a final note:

Please feel free to communicate with the WCN team any concerns you may have regarding keeping your account balance current. If your account balance is under 90 days old, we will work with you to create a payment plan that allows you to make the set number of monthly minimum payments required to pay off your debt within a reasonable time frame. Once an account is over 90 days old and sent to an outside collection agency, you will need to contact the agency directly at 833-227-4606 for payment assistance.

By signing below, I confirm that I have read and agree to the above Financial Policy.

Patient or Guardian Signature

Print Name (Patient)

Date