

## Statement of Financial Responsibility

**Kidney Care of Michiana** is a provider for most insurance plans. We will be listed in your group's provider list if we are participating with your plan. It is the responsibility of the patient to confirm that we are a part of your Insurance plan. To avoid any confusion, please be aware that we do expect payment of any applicable deductibles, co-payments or co-insurance amounts at the time of service. Also, any services that your insurance will not cover are your responsibility and you will receive a statement for any outstanding amount.

If your insurance requires prior authorization for any of your services here at our office, and if this authorization has not been obtained before your visit, you will be expected to pay for all charges incurred that are not paid by your insurance carrier. If your insurance subsequently authorizes today's services, your payment will be refunded to you upon receipt of the insurance payment.

If you do not have insurance, payment is expected at the time of service. We accept Visa, Mastercard and Discover for your convenience. If payment in full is not possible at the time of service, payment arrangements can be made with the Office Manager at the time of your visit.

Statements are mailed monthly to patients with an outstanding balance. All balances are expected to be paid upon receipt.

I have read and understand Kidney Care of Michiana's Financial policy.

Patient Printed Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_