

Kidney-Hypertension Clinic, PC

PATIENT RESPONSIBILITIES

1. Payment is due at the time of services and will be collected. Patient is primarily responsible for the payment of the services unless arranged differently in advance, such as Medicare, Medicaid and Third Party Payors with the Contractual Agreements with this office and its Physicians.
 - a. **Deductible:** It is patient's responsibility to pay the Deductible amount and this may be collected up front.
 - b. **Co-Payment:** It is patient's responsibility to pay the Co-payment for the services and this may be collected up front.
 - c. **Insurance Information:** It is patient's responsibility to provide the complete information of their third part coverage and its accuracy. Patients must provide their insurance cards at each office visit for verification. Office Staff shall make copy of their insurance cards.

This office files the claims to the Third Party Payors as services to the patients, unless it is contractual agreement with the Third Party Payors have paid. This office may file a claim to the secondary third party Payors as services to the patients.

- d. **Referral authorization:** It is patient's responsibility to obtain the referral authorization from their primary referring physician and insurance prior to having their appointment with this office for any and all services.
 - i. It is patient's responsibility to confirm referral authorization from their insurance company for any referral made by this office to any other physician or facility for any and all services.
- e. **Outside Facility Services:** It is patient's responsibility to confirm with the office staff about the facility choice for the outside services such as laboratory, radiology, hospitalizations etc. This office is not responsible for any charges or penalty for the expenses incurred due to the services that Third Party Payors does not cover for any reason.

Patients receiving Medicaid assistance are to be responsible for showing their Medicaid card to the Front Office at the first of each month or at the time of medical services. The Office Staff will make its copy and return it to you.

1. It is the responsibility of the patient to provide his/her transportation to and from the clinic.
2. Patients will be given an appointment time. It is the patient's responsibility to be on time. In the case of an emergency if the patient will be late or unable to come to the office that particular day, it is the patients responsibility to call the clinic immediately as there are other patients who need to be served.
3. Patient is responsible for notifying his/her physician if prescriptions need to be refilled at the time of the office visit and obtaining such prescriptions with adequate amount to cover the period till next scheduled appointment.
4. It is the responsibility of the patient to make an appointment with the office as advised by the physicians
5. Patient is responsibility for reporting any unusual symptoms to the nurse or physician, prior to evaluation and treatment.
6. If an appointment has been made for the patient outside of the clinic they are responsible to keep it.
7. Staff lounge, front office areas are strictly OFF LIMITS for patients and families.
8. Smoking is absolutely forbidden in the clinics for anyone.
9. Visitors and patients may use the designated restroom in the clinic.
10. Please help us keep a tidy waiting room.
11. Patients are not allowed to handle any equipment
12. Patient must fill in the complain/grievance investigation report in case of any problem as seen by patient/family member. This form is available from the office staff. This shall assist us to undertake any corrective action that may be necessary.

Signature _____ 0 _____

Date _____