

Craig G. Hurwitz, M.D.

Nephrology & Hypertension

Financial Policy for Patients

159 Margaret Street
Suite 600
Plattsburgh, New York 12901
Ph: (518) 324-4000
Fx: (518) 324-4001
www.northernnephrology.com

FINANCIAL POLICY

We are doing everything possible to hold down the cost of medical care. The following financial policy is provided to all patients. Thank you for your cooperation.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. We accept cash, personal check (out of state with driver's license), VISA, MasterCard and American Express. There is a \$20 service charge for returned checks.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to the next scheduled appointment. We realize that people have financial difficulty and we are willing to negotiate payment plans if necessary.

If you have no insurance coverage, payment is required in full at the time services are rendered.

INSURANCE:

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges. We bill secondary insurance companies after the primary payment has been made.

If you need assistance or have questions, please contact the Billing Coordinator between 9:00 a.m. and 4:00 p.m., Monday through Friday at (518) 324-4000.

REFUNDS:

Overpayments will be refunded upon written request to the responsible party within 30 days.

MANAGED CARE:

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from your primary caregiver (e.g., Physician, Physician's assistant or Nurse Practitioner) before the visit. If you do not have a referral, payment must be made at the time of service or your appointment will be rescheduled.

MISSED APPOINTMENTS / LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the above Financial Policy. I agree to assign insurance benefits to *Craig G. Hurwitz, M.D.* whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of Insured or Authorized representative:

Date: _____