



FINANCING YOUR MEDICAL CARE

You probably have many questions about the cost of our services, insurance coverage and your financial obligations. Some of your questions may be answered here, but if you have others, you can request to speak with a patient's account representative at any time.

Atlanta Nephrology Referral Center, LLC accepts Medicare (assignment), private insurance plans, health maintenance organizations (HMO's), and Medicaid. Our practice sends all laboratory tests to SmithKline Beecham/Quest diagnostics, unless otherwise requested by patient. Laboratory billing is handled directly by SmithKline/Quest diagnostics; therefore you must contact them directly regarding any discrepancies at 800-366-6635

PATIENT FINANCIAL RESPONSIBILITY

As a service to you our business office will file your medical claims to the primary and secondary insurance carriers provided to the practice by the patient. To do this, they count on you to:

- 1) Ensure that the business office has complete, accurate and current insurance information on file for each patient prior to his or her appointment.
- 2) Promptly pay premiums to stay enrolled in Medicare and/or private insurance plans.
- 3) Authorize the practice to bill your insurance plans and receive payments directly from them for all services provided and;
- 4) in the event the insurer sends the practice payment to you, bring the check to the office as soon as possible.
- 5) It is the responsibility of the patient to allow the transfer of financial information to third parties when necessary.
- 6) Obtain necessary referral and treatment authorization from your insurance carrier, if required. Patients will not be seen without a current insurance referral.
- 7) Patients without insurance will be required to make full payment or arrange a payment plan prior to their physician visit.
- 8) Inform the business office of financial problems that might keep you from paying insurance premium, co-payment's or agreed payment arrangements.

PATIENT FINANCIAL GRIEVANCE POLICY AND PROCEDURE

Any patient with a grievance relating to their medical bills should bring this to the attention of practice management using the appropriate outlined procedure below. The practice requests that the grievance relating to the care received be initiated within thirty (30) days of the incident, which caused the grievance.

- 1) The business office staff is your first contact. Talk over the problem frankly and sincerely with him/her. In most cases, the misunderstanding can be resolved. If however, you are not satisfied, proceed to;
- 2) Discuss the problem with the facility Practice manager who will arrive at a decision. If the decision is not agreeable to you, proceed to:
- 3) Write out the complaint briefly but completely, and submit it to the Physician. The practice management will work to find a satisfactory solution, that is agreeable to both the welfare of the patient and the practice.