



Wichita Nephrology Group, P.A.

Nephrology and Hypertensive Disease

MICHAEL E. GRANT, MD

USHA CHALLA, MD

JOHNNY K MOUSSA, MD

MOHAMAD S SANDID, MD

WISSAM SALIBA, MD

EDGARD WEHBE, MD

RONNIE K MOUSSA, MD

AMANDA VALLIANT, MD

PAUL MARAJ, MD

Patient Financial Policy

As your health care provider, we are committed to giving you the best possible medical care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. **We must work together** in order for you to receive your full benefits and for us to be paid fairly for our services. Please look over the information and return this form with your signature and today's date. Please feel free to ask any questions about our fees, policies or your responsibilities.

Please give your insurance card to the receptionist at **every** visit.

Please be sure to let us know of any patient information changes (i.e. address, name, insurance information, etc.).

Insurance: We participate in most insurance plans, including Medicare. If you are not insured by a plan we accept, plans must be made prior to your appointment (see uninsured/self-pay below). If you cannot provide proof of insurance you will be expected to pay \$50.00 at the time of service. **Knowing your insurance benefit plan is your responsibility.**

Co-Pays: Copays are a legally binding contract that you as well as Wichita Nephrology Group have with your healthcare provider. Your copay must be paid before you see your provider at the time of service.

Payment: We accept payment by cash, check, VISA, Master Card, Discover or American Express. We also accept payments on our website www.wichitanephrology.com.

Uninsured/Self Pay: If you do not have insurance, you will be expected to pay a minimum of \$50.00 at the time of each service. Patient accounts will also meet with you at the time of service to establish a payment for any remaining account balances. Medicare discounted rates will be billed on the first patient statement as a courtesy to our uninsured and self-pay patients.

Hardship Application: Wichita Nephrology Group offers a Hardship Application for patients that meet federal poverty income requirements. Services may be reduced or completely written off based on income requirements. Please speak with our business office for more information.

Nonpayment: If your account becomes delinquent, you agree to pay any charges to collect your unpaid bills, including but not limited to reasonable court costs and/or collection agency fees. After you have received two statements and two letters your account is 120 days past due. At 120 days with no payment on account it will be referred to a collection agency.

FMLA: These should be completed by the Primary Care Physician. There is a fee of \$25.00 to complete supplemental forms such as FMLA. **Fees must be paid in full before the service will be performed.** Please allow at least one week for completion of any forms.

By signing below, I acknowledge that I understand and accept the above terms.

Signature: _____

Date: _____