

**SOUTHWEST GEORGIA NEPHROLOGY CLINIC  
FINANCIAL POLICY**

**We ask that all of our patients read, understand, and accept our financial policies as described below.**

For your convenience, we accept the following methods of payment:

- Cash
- Check
- Visa, MasterCard, & Discover credit cards
- Debit cards

Payments for the patient portion of the charges are due on the day of your scheduled appointment. Any required co-pays or deductibles owed by you will be collected **prior** to your appointment.

Medicare beneficiaries are responsible for paying an annual deductible and 20% co-insurance. We are mandated by the contract with any insurance plan to collect co-pays and co-insurance amounts that are assigned as patient responsible amounts.

If we do not have a contract with your insurance carrier, we cannot accept assignment to be reimbursed by your carrier. Therefore, charges are due and payable by you at the time of service. We will provide you the information necessary for you to bill your insurance plan directly.

Patients that do not have insurance coverage will be given a 15% discount if paid in full at the time of service.

We will bill your health plan for any hospital services that we provide.

**You will be responsible to pay any billed amount upon receipt of a statement from our billing office.**

I have read and agree to the terms of the financial policy described above.

\_\_\_\_\_  
Signature    Date    MR#

**Southwest Georgia Nephrology Clinic is dedicated to providing you with the best care and service possible. Thank you for accepting responsibility for prompt payment for services provided to you by our practice.**