AKCNT - Notice of Billing Policy

Dear Patient,

We value your trust in our medical office and are committed to providing you with exceptional healthcare services. To ensure transparency and clarify our billing procedures, we would like to inform you of our billing policy. Please take a moment to review the following information:

<u>Insurance Coverage:</u> a. It is the patient's responsibility to provide accurate and up-to-date insurance information at each visit. b. We will make reasonable efforts to verify your insurance coverage and submit claims on your behalf. c. Patients are responsible for any deductibles, copayments, or services not covered by their insurance plan.

<u>Co-Payments and Payments:</u> a. Co-payments are due at the time of service. This can be paid in cash, check, or credit card. b. For services not covered by insurance, payment is due upon receipt of the billing statement. c. We offer various payment options, including online payment portals, to facilitate convenient payment processing.

<u>Outstanding Balances:</u> a. Patients with outstanding balances will receive monthly statements indicating the amount due. b. In case of financial hardship, we encourage you to contact our billing department to discuss possible payment arrangements or financial assistance programs.

<u>Missed Appointments:</u> a. We understand that unexpected circumstances may arise, necessitating appointment cancellations or rescheduling. b. Please provide at least 24 hours' notice for appointment changes or cancellations to avoid any associated fees.

<u>Insurance Claim Disputes:</u> a. If there are any disputes or delays in claim processing, we will work with your insurance provider to resolve the issue. b. Patients may be asked to provide additional information or contact their insurance company directly to expedite claim resolution.

We appreciate your cooperation and understanding regarding our billing policy. If you have any questions or concerns, please do not hesitate to contact our billing department at (469) 467-0011.

Thank you for choosing Advanced Kidney Care of North Texas for your healthcare needs.