



Patient Financial Expectations

Thank you for choosing Kidney Associates of the TriState as your preferred provider. We are committed to providing our patients with comprehensive and compassionate care that improves the health of the community we serve. This communication was developed to provide detailed information regarding patient insurance and financial responsibility for services rendered.

1. Insurance

Kidney Associates of the TriState (KAT) participates with most insurance plans, including Medicare.

2. Proof of Insurance

All patients are responsible for providing the correct insurance information at each visit. The patient service representative at the office will scan and store a copy of the most current insurance card. If the patient is not insured by a plan KAT participates with, the charges for the visit may be denied and become the patient's responsibility. If the patient is insured by a participating plan but does not have an up-to-date insurance card, KAT will attempt to verify coverage. If unable to do so, the balance may become the patient's responsibility.

3. Insurance Coverage Changes

If there is a change in insurance, the patient is responsible for notifying the patient service representative upon arrival at the office. Failure to provide the correct insurance information within 30 days of the visit may result in the total balance becoming patient responsibility. At any point, changes in insurance may also be submitted to KAT by calling 859-912-7716 or by sending a message through the online patient portal, MyChart.

4. Co-payments

All co-payments are due at the time of service. This arrangement is contractual obligation with the patient and their insurance company. KAT accepts cash, check, Visa, MasterCard, Discover, and American Express.

5. Outstanding Balances

Patients with an outstanding balance will be notified of such balance at the time of their appointment scheduling, arrival of the appointment as well as checking out after the appointment. If unable to pay the balance in full, a payment plan can be arranged with the patient service representative or by calling the office at 859-912-7716.

6. Appointment Scheduling

Patients with an outstanding balance will be requested to make a payment at the time of scheduling an appointment. If the patient cannot make the required payment, they will be asked to set up a payment plan before the appointment will be scheduled. After the payment plan has been arranged, the patient will be eligible to schedule their appointment.

7. Financial Assistance

Financial Assistance is available to all patients based on need. The patient service representative at the office can provide the necessary paperwork.

8. Non-covered Services

Not all services may be covered by insurance. The provider’s office will attempt to determine if a procedure will be covered or not. If a service is deemed to be “non-covered”, the patient will be notified. The charge for the service and amount owed by the patient will be explained prior to receiving the service. The patient must approve the service and acknowledge the amount owed before the service will be rendered. Payment will be due after the insurance has processed the claim and upon the receipt of your statement. If unable to pay the balance in full, the patient may set up a payment plan by calling the office at (859) 912-7716.

9. Payment Plan Arrangement

KAT may approve a monthly payment plan arrangement if special circumstances prevent the patient from making full payment. Payment plans may be arranged by patient service representative in the KAT offices or the Billing Office. Billing office associates are available Monday thru Friday from 8:30 a.m. to 4:00 p.m. They can be reached by calling 859-912-7723. Failure to meet the agreed arrangement of the payment plan may result in the patient’s account being referred to a third-party collection agency.

10. Claims Submission

KAT will bill all acceptable insurances and assist in any way reasonable to help get the claims paid. If the claim is denied, KAT will follow up with the payor and appeal the denial, if appropriate. If the appeal is overturned, the balance may become the patient’s responsibility. At times, the insurance company may request certain information directly from the patient, it is the responsibility of the patient to comply with their request. If the information needed is not supplied, the balance could become the patient’s responsibility.

11. Statements

Statements will be mailed to the patient’s address on file once the balance has been deemed to be the patient’s responsibility. Statements under \$10 are not mailed but the amount due may be requested from a KAT patient service representative at any point.

12. ECA (Extraordinary Collection Activities)

Statements are mailed to the patient monthly. If the amount is over 90 days past due, the status of Final Notice will appear on the billing statement. The outstanding amount will be due in 10 days. Partial payments will not be accepted unless otherwise negotiated. If a balance remains unpaid, KAT may refer the amount to a third-party collection agency. Accounts will not be referred to an agency when the insurance denied payment due to an error by KAT.

Thank you for your understanding and adherence to the KAT patient financial responsibility expectations. If you have any questions or concerns, our associates are here to help. Please contact us at 859-912-7716.

Signature of Patient: _____ Date: _____