

Adebowale O. Oguntola, MD
Philip T. Ondocin, MD
Matthew G. Chaffin, MD
Simardeep S. Mangat, MD
Bala K. Murthy, MD
Antoine Azar, MD

NEPHROLOGY ASSOCIATES OF SYRACUSE, PC

Marcia H. Ryder, RN, NP
Jacquelyn A. Spencer, RN, NP
Alyssa C. Miles, PA
Tracy A. O'Neill, PA
Chloe A. Mason, PA

Anne E. Zaccheo, MBA, FACMPE
Practice Director

2023 FINANCIAL AND ADMINISTRATIVE AGREEMENT

FINANCIAL CONSENT

Thank you for choosing NEPHROLOGY ASSOCIATES OF SYRACUSE, PC (NAS) to be your Provider. As a patient, you have certain responsibilities in regard to your insurance contract:

- 1.) To pay amounts not covered by your policy, including applicable copays, co-insurance, and deductibles.
- 2.) To be knowledgeable about your plan's covered and non-covered services.
- 3.) To provide your providers' offices with accurate and up to date insurance coverage.

By signing this agreement, you agree to be billed as a self-pay patient should you fail to supply valid, accurate insurance information at the time of service.

Due to strict timely filing rules and government regulations, you also agree to notify us right away- no later than 30 days, after you receive notification that you are eligible for additional coverage(s) including Medicaid, Medicare, Medicare Advantage plans or other supplemental policies. Should you fail to give us timely notification of additional coverage (including Medicaid or Medicare eligibility), you will be considered a self-pay patient and agree to be held responsible for payment of your charges.

Payment is expected at the time of service. If full payment is not possible at time of service, a partial payment is expected. Payment plans may be set up on an individual basis with our Billing Staff. Please provide current insurance identification card (s) and valid identification at each visit, and please keep us updated on the best way to reach you via phone, your current cell phone number and mailing address.

INSURANCE & PAYMENTS - It is your responsibility to find out if NAS participates with your insurance company. Each insurance company has many plans that can vary even within one employer. We have a list of participating insurance carriers on our website at www.nephrologysyracuse.com. Whatever is not covered by your insurance plan(s) is your responsibility. You must present your insurance card(s) at each visit. Your co-pay is due at the time of service. We accept cash, checks, money orders, Master Card, Visa, Discover and American Express.

PATIENT CONSENT AND HIPAA ACKNOWLEDGEMENT

I hereby authorize NAS to release all information necessary to complete insurance forms and to secure payment. I also authorize payment for medical services to be sent directly to NAS. I hereby authorize NAS to place my signature on file with Upstate Medicare Claims Division for the purpose of billing Medicare. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I accept responsibility for all medical charges not covered by insurance. I agree to pay any co-pays and/or balances at the time of service unless other arrangements are made in

advance. I accept financial responsibility. Correspondence regarding medical charges will be sent to the address of the insurance holder. I assume responsibility for all reasonable collection costs, including attorneys' fees.

COMMUNICATIONS, PATIENT PORTAL AND HEALOW APP

I authorize NAS to leave messages on my answering machine/voice mail pertaining to appointments or payment issues, and to send correspondence to the address provided for the insurance holder unless other arrangements are made in advance. I understand that NAS will utilize text messages & emails to notify patients about future appointments and other important notifications if needed. I consent to the release of any medical information about me and any other individual for whom I can give consent to my health plan and any health care providers involved in caring for me or such individual, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health care operations. (** This does not replace the required HIPAA written authorization for applicants other than treatment, payment, of health care operations. **) I acknowledge that I have a right to request a chaperone for today's office visit or any future visits with NAS. I have been offered or received a copy of the Notice of Privacy Practices.

NAS offers several convenient electronic tools as an opportunity for patients to be actively engaged in their health care. The *Patient Portal* is available via our web site at www.nephrologysyracuse.com. We also offer the mobile *Healow App*, which can be downloaded to your smart phone. Both the *Patient Portal* and *Healow App* are helpful and convenient alternatives to phone call communication with NAS. You may send non-urgent messages, request prescription refills, view labs that have been performed on-site at NAS and that your provider has reviewed, request to reschedule an appointment, pay your bill on-line and more.

APPOINTMENT REMINDERS, NOTICE OF CANCELLATION POLICY AND NO-SHOW FEES

At NAS, we remind you of your scheduled office appointment either by text, email, or phone. We understand that there are times when you must miss an appointment due to an emergency, or family or work obligation. If you cannot make your appointment, we ask that you please contact us at least 24 hours ahead of time to reschedule your appointment.

Methods to contact us include responding to a phone call or text notice, or a phone call to our office during normal business hours (Monday – Friday 8:00 am - 4:00 pm).

Patients who fail to show up for their appointments or cancel less than 24 hours in advance may be charged a No-Show Fee that is not covered by insurance. This fee may be required to be paid prior to scheduling further appointments at the practice. Multiple no showed or cancelled appointments may lead to dismissal from the practice. *We require that all active patients have a scheduled appointment on the books to ensure that they are not lost to follow up care.* I have read and understand the policy NAS has regarding no shows and cancellations.

PATIENT INFORMED CONSENT AND ACKNOWLEDGMENT FOR TELEMEDICINE SERVICES

As permitted by federal and state guidelines, telemedicine services may be a health care option for NAS patients. NAS will follow all federal and state guidelines and requirements.

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Nephrology Associates of Syracuse providing health care services to me via telemedicine.

I understand that some laws that protect privacy and confidentiality of medical information also apply to telemedicine and that my insurance carrier will have access to my medical records for quality review/audit.

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I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my treatment at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Nephrology Associates of Syracuse at 315-478-3311. As long as this consent is in force (has not been revoked) Nephrology Associates of Syracuse may provide health care services to me via telemedicine without the need for me to sign another consent form.

AGREEMENT TO FINANCIAL AND ADMINISTRATIVE POLICY

I have reviewed and been given an opportunity to ask questions about this entire Financial and Administrative Policy and agree to the terms and my responsibilities as outlined.

Patient Signature

Patient's Date of Birth

Printed Name of Patient

OR:

Legal Guardian Signature: _____

Legal Guardian Printed Name: _____

Date: _____