Renaissance Health and Surgical Associates, P.C.

AUTHORIZATION TO RELEASE INFORMATION, ASSIGNMENT OF INSURANCE BENEFITS, FINANCIAL POLICY, NOTICE OF PATIENT PRIVACY PRACTICES

Insurance Verification

At each visit, the patient must provide an active insurance card with current, correct information. Without proof of insurance, the patient may be re-scheduled or considered as private pay. Renaissance Health and Surgical Associates, P.C. makes it priority to verify proof of a patient's insurance; however, it is the patient's responsibility to know his/her insurance benefits including wellness benefits prior to time of service.

Patient Cost Co-Pays & Co-Insurance

If you have a co-pay or deductible, you must pay at the time of service. If it is determined after insurance payment that there is an amount due above what was paid at the time of service, you will be billed for the balance which will be due upon receipt.

Private Pay

Renaissance Health and Surgical Associates, P.C. recognizes that not everyone has insurance coverage. The initial office visit fee for private pay is $150.00, due at the time of service. Although, it is difficult to accurately predict what services a patient may ultimately need, Renaissance Health and Surgical Associates, P.C. will try to work with the patients to help them anticipate charges and manage their healthcare expenses.

Outstanding Balances

Patients will be asked to settle any outstanding balances with Renaissance Health and Surgical Associates, P.C. **before** their appointment. As a patient, you may pay any outstanding balances at our office, by mail or by phone. Patients with outstanding balances may be declined treatment or an exam for non emergency care until the balance is resolved. Patient balances which are not resolved in a timely manner will be sent to an outside collection agency. If the patient's balance is transferred to an outside agency, the patient will be responsible for paying any additional collection fees associated with the collection of the patient balance. You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit bureau agency, the fact that you received treatment at our office may become a matter of public record.

Credit History

You give us permission to check your credit and employment history and to answer questions about your credit experience with us. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Responsible Party Signature

The person requesting treatment is responsible for all services rendered. However, if the patient is a minor, the custodial parent or guardian is responsible for all services rendered.

Billing Insurance

Renaissance Health and Surgical Associates, P.C. contracts with most insurance companies for patient services however, your insurance still may not pay for all of your health care costs or certain procedures performed in the office. You understand the patient remains financially responsible for all his/her care. You understand if your insurance company requires a referral and/or preauthorization, **you are responsible** for obtaining it. Any remaining balance for services rendered to the patient will not be billed to the patient until payment is received from the insurance company(s), the insurance company denies the claim, or the insurance company unreasonably fails to pay in a timely manner then a Statement will be sent to the patient or responsible party. The billed amount on the statement is due in full. A late charge of $25.00 will be imposed on each account that is over thirty (30) days past-due.

Medicare and MediGap Lifetime Authorization

I request that payment of authorized Medicare and Medigap benefits be made to me or on behalf of me to Renaissance Health and Surgical Associates, PC., for any services furnished me by the physicians of the group practice. I authorize any holder of medical information about me to be released to the Social Security Administration and Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Procedure Providers

I understand that if I am scheduled for a procedure I could receive 3 or more separate bills due to multiple providers of service. There could be a doctor charge, facility charge, anesthesia charge and lab or pathology charge for any biopsy or polyp removal. I understand there are possible risks involved with testing/treatments/surgery/medical procedures such as bleeding, pain, injury to other tissues and organs possibly requiring additional testing/ treatments/surgery/medical procedures. I also understand that there are no guarantees as to the results of my treatments, examinations, or procedures. I understand by signing this form that I am giving my consent for testing/ treatments/surgery/medical procedures that are deemed necessary by my health care provider. I will not hold Renaissance Health and Surgical Associates, its physicians, or staff responsible for problems which come up because I did not go for testing or follow up appointments that they have recommended.

No-Show and Late Cancellation Fee

Patients who do not show up on time for an appointment, or cancel appointments with less than 24 hours notice may be subject to a $25.00 fee, not for any service, but for the lost opportunity to see another patient. This fee may be higher for procedures other than routine office visits.

Patients with repetitive no show appointments may be discharged as a patient of this office.

Payments

Renaissance Health and Surgical Associates, P.C. accepts cash, check, Visa or MasterCard. There is a $25.00 fee for all returned checks.
Payment can be sent to: Renaissance Health and Surgical Associates, P.C, 325 South Cedar Avenue, STE 2, South Pittsburg, TN. 37380
If you have any questions regarding our financial policies, please contact our Patient Billing Services Representative @ (423) 837-5801.

Transferring of Records

You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records sent to another doctor or organization. The amount of the fee is dependant upon the number of pages we need to copy. You authorize us to include all relevant information, including your payment history. If you are requesting records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

Renaissance Health and Surgical Associates, P.C.

AUTHORIZATION TO RELEASE INFORMATION, ASSIGNMENT OF INSURANCE BENEFITS, FINANCIAL POLICY, NOTICE OF PATIENT PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. This form is a "friendly" version. A more complete translation is available in the office. There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions **do not** include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care.

Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care.

Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.

It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you.

The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described previously may be re-disclosed and no longer protected by these regulations.

We agree to provide patients with access to their records in accordance with state and federal laws. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.

Revised 6/5/12