First Coast Nephrology- Patient Policies

PRINTED NAME OF PATIENT	DOB

PATIENT CONFIDENTIALITY:

FIRST COAST NEPHROLOGY AND ITS EMPLOYEES ARE BOUND BY FLORIDA STATUTE 395.017 WHICH PROVIDES THAT PATIENT MEDICAL RECORDS ARE PRIVILEGED AND CONFIDENTIAL AND MAY NOT BE DISCLOSED WITHOUT THE CONSENT OF THE PATIENT. NO PATIENT INFORMATION SHALL BE GIVEN TO ANYONE TELEPHONING OR INQUIRING ABOUT A PATIENT OR FORMER PATIENT, INCLUDING SPOUSES, FAMILY MEMBERS, RELATIVES, FRIENDS, EMPLOYERS, FORMER PATIENTS, UNLESS A VALID PATIENT CONSENT HAS BEEN OBTAINED.

☐NO, I DO NOT CONSENT TO RELEASE THE INFORMATION IN MY MEDICAL RECORD.

☐YES, I HEREBY CONSENT TO RELEASE ANY AND ALL INFORMATION FROM MY MEDICAL RECORD TO:

NAME	RELATIONSHIP

AUTHORIZATION:

I HEREBY AUTHORIZE THE OFFICES AND EMPLOYEES OF FIRST COAST NEPHROLOGY OR ITS CONTRACTED SERVICE COMPANIES TO RELEASE INFORMATION NECESSARY TO PROCESS CLAIMS WITH MY INSURANCE COMPANIES, AND FURTHER AUTHORIZE PAYMENT OF INSURANCE BENEFITS DIRECTLY TO SAME.

FINANCIAL RESPONSIBILITY:

UPON ACCEPTANCE OF TREATMENT IN THIS OFFICE, I ASSUME FINANCIAL RESPONSBILITY FOR PAYMENT OR FEES.

OUR ADDITIONAL SERVICES TO YOU:

AS COURTESY TO OUR PATIENTS, WE ARE HAPPY TO FILE INSURANCE FORMS AND WILL ACCEPT ASSIGNMENT OF INSURANCE BENEFITS.

FEES NOT COVERED BY INSURANCE:

DEDUCTIBLES AND CO-PAYMENT (THE PORTION OF OUR FEES NOT COVERED BY INSURANCE) **MUST BE PAID AT THE TIME TREATMENT IS RENDERED.** THIS MAY BE IN THE FORM OF CASH, CHECK, VISA OR MASTERCARD. YOU WILL BE RESPONSIBLE FOR ANY RETURNED CHECK FEES THAT MAY BE INCURRED.

NON-PAYMENT:

IN THE EVENT IT SHOULD BECOME NECESSARY TO PLACE YOUR ACCOUNT IN THE HANDS OF AN ATTORNEY OR COLLECTION AGENCY, YOU WILL BE RESPONSIBLE TO PAY ALL COSTS OF COLLECTION, INCLUDING ATTORNEY'S FEES.

PATIENT OR GUARDIAN SIGNATURE	
PRINTED NAME OF SIGNER (IF DIFFERENT FROM PATIENT NAME)	DATE

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MISSED APPOINTMENT POLICY:

IT IS THE POLICY OF FIRST COAST NEPHROLOGY INC TO CHARGE **$50.00** (FIFTY DOLLARS) FOR MISSED APPOINTMENTS AND APPOINTMENTS THAT HAVE NOT BEEN CANCELLED WITHIN 48 HOURS. THESE CHARGES WILL BE YOUR RESPONSIBILITY AND BILLED DIRECTLY TO YOU. PLEASE HELP US TO SERVE YOU BETTER BY KEEPING YOUR REGULARLY SCHEDULED APPOINMENT

NAME	RELATIONSHIP	DATE: