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425-339-5413 | [SnohomishKidney.com](http://SnohomishKidney.com)

*Welcome to our practice!*

We are both privileged and honored to be partnering with you for your kidney care. At Snohomish Kidney Institute, our mission is to provide the highest quality, compassionate care with service excellence to our patients and the communities we serve. We look forward to working closely with you and your primary care provider to offer state of the art kidney care.

In the enclosed information, you will find a practice overview, a medical history questionnaire, and practice policies that you may find helpful.

We look forward to serving your medical needs. In the interim, please do not hesitate to call the office with any questions that may arise.

Warm regards,

Snohomish Kidney Institute

















## FINANCIAL POLICY (PRIVATE INSURANCE AND SELF-PAY PATIENTS)

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Please Print)

Any healthcare insurance policy that you may have is a contract between you and your insurance company and/or employer. Snohomish Kidney Institute will assist you in obtaining payment from any healthcare insurance policy for medical services and goods that you receive at our practice; however, you remain primarily responsible to pay for all medical services and goods rendered from Snohomish Kidney Institute.

OUR FINANCIAL POLICY	
_____ Initial	<b>You are responsible for any and all applicable co-payments, coinsurance, and unmet deductibles.</b> It is the patient's responsibility to provide us with current insurance information at each visit. According to your insurance, payment is expected at time of your visit. Some insurance carriers charge a co-pay for each type of provider seen during one day; therefore, if you are seen by more than one provider on the same day, you may be responsible for more than one co-payment. You will also be responsible for any past due balances that may be remaining on your account. Patients with delinquent accounts will be required to make payment on the date of visit. If you are unable to make mutually agreeable payment arrangements your appointment may be rescheduled based on the clinical discretion of the provider.
_____ Initial	<b>Payment is Due When Services are Provided.</b> Snohomish Kidney Institute requires that all applicable co-payments, coinsurance, deductibles and any past due amounts on the account be paid on date of visit. In the event that you are not covered by a healthcare plan, full payment is required on date of visit.
_____ Initial	<b>Assignment of Benefits.</b> I hereby assign Snohomish Kidney Institute any insurance or other third-party benefits available for healthcare services provided to me. I understand that Snohomish Kidney Institute has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Snohomish Kidney Institute, I agree to forward the Practice all health insurance and other third-party payments I receive for services rendered to me immediately upon receipt.
_____ Initial	<b>Payment Methods and Returned Check Fee.</b> Snohomish Kidney Institute accepts MasterCard/Visa, personal checks, and cash. If the bank returns your check due to non-sufficient funds you will be charged a \$25.00 service charge which will be due, along with the amount of the returned check, within three (3) business days. Your account will be placed on a "cash-only basis."
_____ Initial	<b>Prompt Payment of Mailed Invoices.</b> In the event that you receive a statement in the mail from us for payment, it is your responsibility to pay that amount within 14 days. Amounts for which you are liable may be identified as " <i>patient balance due</i> " on the invoice. Patients with an outstanding balance more than 90 days overdue must make payment arrangements prior to scheduling appointments. Call the billing number provided on your statement to make payment arrangements.
_____ Initial	<b>Non-covered Services.</b> While the filing of insurance claims is a courtesy that we extend to our patients, not all services provided by Snohomish Kidney Institute may be covered by every healthcare plan. Any service determined not to be covered by your plan will be your responsibility. Patients are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

### ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTAND the Financial Policy of Snohomish Kidney Institute and agree to be bound by it. I understand that healthcare insurance does not cover all medical goods and services and my responsibilities with respect to healthcare insurance as explained above. I understand that I am ultimately responsible for payment for medical goods and services provided to me by Snohomish Kidney Institute. I hereby grant Snohomish Kidney Institute the right to bill and collect from my healthcare insurance plan for medical goods and services provided to me. ***If the patient is a minor (younger than 18 years old), the parent or guardian must sign below.***

X \_\_\_\_\_

Responsible party/Guarantor Printed Name

Relationship

X \_\_\_\_\_

Responsible party/Guarantor Signature

Date

**Billing questions, concerns and payments may be directed to:**

Nephrology Practice Solutions Revenue Cycle Management Team  
1840 E. Ray Road  
Chandler, AZ 85225  
Phone: (877) 200-3196