NEW ORLEANS NEPHROLOGY ASSOCIATES, LLC

Metabolic Bone and Stone Center • Nephrology • Hypertension

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Patient's Name	Date of Birth	State DL #	Social Security #
Home Address	City and State	Zip Code	Home Phone
Race _____ Caucasian _____ Black or African American _____ Asian _____ Chinese _____ Other Specify:_____	Ethnicity _____ Not Hispanic or Latino _____ Hispanic or Latino	Language _____ English _____ Spanish _____ Sign Language _____ Other Specify:_____	Cell Phone Email Address
Patient's Employer	Occupation	Business Phone	Marital Status
In case of emergency, contact:	***Relationship:***	***Phone Number:***	Referring Physician
Spouse's Name	Spouse's Occupation	Spouse's Employer	Spouse's Business Phone

INSURANCE INFORMATION (Please give insurance card to Receptionist):

Primary Insurance Company	Name of Policyholder	Relationship to Policyholder
Identification Number	Group Number	
Secondary Insurance Company	Name of Policyholder	Relationship to Policyholder
Identification Number	Group Number	

I hereby authorize the listed above insurance company(ies) to directly pay New Orleans Nephrology Associates, LLC, for any benefits due me as a result of services rendered. I attest that the insurance listed above is not expired. I hereby agree to pay any and all charges in excess of sums paid by the insurance company(ies). I hereby authorize New Orleans Nephrology Associates, LLC, to release information to the insurance company(ies) for claims submitted on my behalf.

_____ _____

Patient or Authorized Signature/Responsible Signer Date

OFFICE POLICY – Please read carefully and sign:

- Payment in the form of co-pays and deductibles is expected at the time of the visit and prior to seeing the physician.
- Patients are responsible for obtaining all **Referrals** from their **Primary Care Physicians**. If you do not have a referral at the time of your visit, you will be asked to either pay for the visit or reschedule your appointment.
- Patients are responsible for canceling appointments 24 hours prior to the scheduled appointment. Failure to do so may result in a $35.00 "no-show" fee being assessed.
- As a courtesy to our patients, we file insurance claims for services rendered. However, patients have full responsibility to pay for all services rendered on their behalf. NONA is not responsible for collecting on your insurance claim or for settling a disputed claim. Misunderstandings regarding insurance coverage and policy benefits are matters to be resolved between patients and their insurance company(ies).
- New Orleans Nephrology Associates, LLC, may tum over delinquent accounts to an independent Collection Agency. Patients will be given ample notice and opportunity to pay balances prior to be assigned to a Collection Agency.

I acknowledge and agree that I have read this policy, understand this policy, and agree to abide by this policy.

_____ _____

Patient or Authorized Signature/Responsible Signer Date