



Abdul Wali Nuristani, MD
Nephrology & Internal Medicine

PATIENT FINANCIAL POLICY

Our practice is committed to providing you with the best possible medical care. Please review the following information regarding patient responsibility for the payment of services provided.

Before your appointments, please review your insurance information regarding its policies on, copayments, coinsurances and deductibles, which may be required. Office appointments are to be paid for at the time services are provided. This includes copayment, coinsurances and deductibles, and any outstanding balances. If our practice participates with your insurance plan, we will bill your insurance company for services provided.

Please bring your insurance card with you and present your card for verification at each appointment. Please note that any questions or complaints regarding your insurance coverage should be directed to your insurance company. If your insurance company happens to deny or does not respond to a claim that our practice has submitted for services to you, you may be liable for the expenses. If our practice does not participate with your insurance company or you do not have medical insurance, you will be required to pay the full cost of the office visit and any procedures or tests performed.

Payment for services can be made by cash, check, or credit/debit card including, Discover, MasterCard and Visa. **Patient or responsible party will be charges \$25 for any returned check.**

CANCELLATION POLICY

If you cancel or reschedule your visit without one business days advance notice, or do not show for your appointment the fee is \$50.

I have read and understand the terms and conditions in this financial policy and agree to abide by them.

Patient Name: _____

Patient Signature: _____

Date: _____

COMPLETE BOTH SIDES