



Nephrology Associates of The Gulf Coast

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Financial Policy

Welcome to Nephrology Associates of the Gulf Coast, PA. We are dedicated to quality healthcare. We have experienced staff that understands your need for confidentiality and compassion. We are required to have you provide information to our office in order to file your insurance. Please be sure you have given us the correct insurance card as we will need to copy both front and back of the card. We also will ask that you provide us with a picture ID for your chart (i.e., driver's license, etc.). Co-payments are due at the time of service. We ask that any balance owing be paid promptly.

Please read and sign the following so that we may file your insurance.

I, _____ authorize Nephrology Associates of the Gulf Coast, PA to release information regarding my health to my insurance company. I understand that my insurance company may request records from my physician in order to pay the claims submitted. I give permission to Nephrology Associates of the Gulf Coast, PA to send any records necessary to obtain payment for the claims submitted. I assign all insurance benefits to Nephrology Associates of the Gulf Coast, PA. I understand that I am fully responsible for any/and all unpaid charges and agree to pay any balance unpaid by my insurance company. This authorization will remain in effect from this date until revoked by me in writing.

I further understand that if I fail to cancel 24 hours prior to my appointment, I will be charged a \$25.00 no show fee.

Patient Signature

Date

Name of Guarantor (if other than patient): _____

Address: _____

Telephone Number: _____ Cell phone: _____

Guarantor's Signature

Date