

East Bay Nephrology Medical Group

Patient Policy

**Welcome to our office. We promise to provide you with the highest quality of medical care. However, we must ask that in return you help us by accepting the following conditions. Please review and sign below to acknowledge that you have read and understand these policies.**

**You will be responsible for informing us of any address, phone or insurance changes. Please advise us of your status every time you visit our office. This helps keep our records current.**

**New patient, we need a 48 hour notice to cancel your appointment with the doctor. If you do not show for your appointment you may be subjected to a \$50.00 charge that your insurance will not cover.**

**Follow up patient, we need a 24 hour notice to cancel your appointment with the doctor. If you do not show for your appointment you may be subjected to a \$25.00 charge that your insurance will not cover.**

**All co-payments, deductibles, share of cost payments are due at the time of your office visit. We accept payments, in cash, check or credit cards (MasterCard or Visa). You will be responsible for \$25.00 plus bank charges if your payment does not clear.**

Thank you,

Physicians at East Bay Nephrology Medical Group, INC.

I understand and agree to the conditions listed above.

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Signature Date

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Print Name