

Hematology & Oncology Consultants, PC

PATIENT FINANCIAL POLICY

Dear Patient,

Thank you for choosing Hematology & Oncology Consultants, PC, as your health care provider. We are committed to providing you with quality health care. Occasionally patients have questions regarding patient and insurance responsibility for services they receive. We have developed a policy to help you understand your responsibility and that of your insurance carrier (if applicable). Please read the policy and sign in the space provided. A copy will be provided to you upon request. If you have questions, please let us know.

- 1. Insurance.** Your insurance policy is an agreement between you and your insurance company. We are not a party to your contract. As a courtesy, we will bill your insurance plan for you, as long as you provide us with accurate information. We may not be participating providers for all insurance plans. Knowing your insurance benefits is your responsibility.
- 2. Co-payments.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company.
- 3. Non-covered services/patient responsibility.** Please be aware that some of the services you receive may not be covered or may not be considered reasonable or necessary by Medicare or other carriers. After your insurance company has processed your claims, you will receive a statement showing the "Patient Responsibility" and "non-covered" portion of your charges. "Patient Responsibility" includes items such as deductibles, co-pays and co-insurance.
- 4. Proof of insurance.** All patients must complete patient information forms before seeing the doctor. We will ask for a copy of your driver's license and current valid insurance card(s) as proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for incurred charges.
- 5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that charges for services received are your responsibility whether or not your insurance company pays for your claim.
- 6. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to your billing information.
- 7. Nonpayment.** Any un-paid balances older than 30 days may be subject to interest and collection activity. Collection activity includes, but is not limited to, an attempt to reach you by telephone and final notification letter.

- 8. Self-pay patients.** If you have no health insurance coverage and are a NEW patient, a minimum down payment of \$100 is required at the time of your first appointment. You will be contacted by our Business Office to establish a formal payment plan for your remaining balance.
- 9. Charges and fees.** All returned checks are subject to a \$35 fee. We have the option to report your balance with us to any credit reporting agency and credit bureau. In the event that your account is turned over to a collection agency or attorney, you agree to pay all fees, including but not limited to, attorney fees, court costs and collection agency fees.
- 10. Our goal.** Our practice is committed to providing the best treatment for our patients. We also strive to help you understand your financial responsibility. If you have any questions prior to your visit, after you have received the explanation of benefits from your insurance company, or when you receive your statement, please do not hesitate to contact our Business Office. We can be reached at 402-572-3529 during the hours of 8 AM to 5 PM, Monday through Friday.

Patient Signature: _____ Date: _____