

Medical Oncology Hematology Consultants, PA

Patient Financial Policy

We are pleased that you have chosen our practice as the place to receive your healthcare. We will always strive to give you the best of care. In order to maintain our service level, it is necessary for us to have the following policies:

- Payment of all copays, coinsurance, and other patient financial responsibilities is required at the time of each office service.

If you have an insurance that requires a copay, unless we are notified otherwise by your insurance, it will apply to every visit you make to our practice, including those visits when you do not see a physician directly—such as for an injection or port flush.

- Before receiving chemotherapy in our office, you will be meeting with one of our billing representatives to review the approximate financial responsibility you may have. Payment must be made before treatment can be administered. If you are unable to make full payment for treatment in our office, we will speak with you about other arrangements for treatment.
- If your insurance requires referrals, you are expected to be responsible for obtaining them unless we tell you otherwise. Your visit will need to be rescheduled if there is not the proper referral needed at the time of your visit, as we are unable to get referrals after your visit.
- You must notify our office immediately of any changes in your insurance. You will be held liable for your full balance with our practice if you have not properly informed us of any changes, as we may not be able to bill your insurance because of timely filing rules.
Insurance policies are ultimately a contract between yourself and the insurance company. It will be your responsibility to know how your plan works, what the specifics are including, but not limited to copays, referrals, deductibles, coinsurance, limitations of service, and non-covered services.
- If you are uninsured, we may be able to make payment arrangements for our physician visits after thoroughly reviewing your financial situation. Any treatment will be arranged through Christiana Care.
- Our office accepts VISA, MasterCard, Discover, American Express, debit cards, cash, and personal checks.
- There is a returned check fee of \$25.00.
- It is your responsibility to promptly bring in any payments your insurance company may have sent to you instead of to us, along with the Explanation of Benefits.

These policies apply only to bills from our private practice, Medical Oncology Hematology Consultants.

Bills for other services such as lab work and radiology are separate from our practice. Lab work done in the lab located next to our office is provided by Christiana Care.

Please indicate that you have read, understand, and have received a copy of this policy by signing below.

Name (print) _____

Date _____

Signature _____

Signature of witness _____