



Billing Policy

Hematology Oncology Associates, P.C. is a private institution which operates for the benefit of the people who seek the services of our medical staff. We provide quality care for what we believe are fair and reasonable fees. Since we do not receive financial assistance from any outside source, we must recover the cost of providing services from our patients.

It is Hematology Oncology Associates, P.C. policy that the responsibility for paying for care will be placed on those who receive it. There for, all accounts will be administered under the following guidelines:

1. Any first time patient at Hematology Oncology Associates, P.C. is required to pay \$100 on his/her first visit. This applies to all patients regardless of insurance.
2. All charges are due and payable within 30 days from date of closing statement.
3. If you have a balance on your account you will receive a monthly statement until the account is paid in full. We will be happy to bill your insurance for you if you provide us with the appropriate billing information. Your insurance will make payment directly to Hematology Oncology Associates, P.C. and you will be responsible for any deductible, co-payments, or other patient balances.

PAYMENT OPTIONS

Payment options include cash, check, VISA and MasterCard.

MINIMUM MONTHLY PAYMENT SCHEDULE

IF YOUR HIGHEST BALANCE IS/WAS	\$0-\$100	\$100-\$250	\$251-\$500	\$501-\$750	\$751-\$1000	OVER \$1001
MINIMUM PAYMENT	\$20	\$40	\$60	\$80	\$100	17%

REBILLING CHARGE

A periodic rebilling charge is imposed on account balances unpaid for more than 90 days after the first billing. A charge of 1.5% per month is imposed on such accounts.

No rebilling charge will be imposed on accounts if the minimum scheduled payment is received each month before the statement date.

If you are unable to meet our Monthly Payment Schedule, you must APPLY at the Business Office and receive approval for a Budget Payment Plan. Budget Payment Plans are approved on a temporary basis according to eligibility and are reviewed at the end of each month.

SECONDARY/SUPPLEMENTAL INSURANCE

We bill all secondary supplemental insurance companies. Please check with our Business Office if you wish your secondary/supplemental insurance automatically billed.

Medicare will forward and explanation of benefits to some contracted insurance providers. These are called Medigap providers.

HOSPITAL CHARGES

Please remember that any Hematology Oncology Associates, P.C. physician services provided while you are in the hospital will be billed to you by Hematology Oncology Associates, P.C. The hospital bills you receive will be for services provided by the hospital, not for your physician's services. You may also receive statements from other providers, e.g. a pathologist. These statements are not connected with Hematology Oncology Associates, P.C. services and any questions regarding services must be referred to the provider responsible for the services.

LABORATORY/PATHOLOGY BILLING

It may be necessary to send some laboratory/pathology specimens to a special laboratory. If this is necessary, you may receive billing for those services from a laboratory other than Hematology Oncology Associates, P.C.

Certain laboratory tests require more extensive testing, therefore, your account may reflect additional charges resulting from the follow-up testing.

Conditions of Treatment

1. INSURANCE VERIFICATION-CERTIFICATION

Many insurance companies require pre-authorization or a second opinion for some medical procedures. It is the patients responsibility to obtain pre-authorization and Hematology Oncology Associates, P.C. will assist in obtaining the necessary pre-authorizations or second opinions, when needed. Failure of the patient to obtain necessary pre-authorizations or second opinions may result in a rejection of benefits by the insurance company. Patients will be responsible for all charges and services incurred from not obtaining pre-authorization.

2. ASSIGNMENT OF INSURANCE BENEFITS

In consideration of services rendered by Hematology Oncology Associates, P.C., I hereby assign to Hematology Oncology Associates, P.C. the benefits due to me under my health insurance plan. I authorize my insurance company to pay Hematology Oncology Associates, P.C. directly. I agree that I shall be responsible for all portions of payments due to Hematology Oncology Associates, P.C. for services received that are not covered by the above such as annual deductible, co-payments, and coinsurance. I agree that I shall be solely responsible for the entire bill for services or any balance thereof that may be determined to be not covered by my health plan. This assignment of benefits shall remain in effect, even if my insurance carrier changes, until revoked in writing.

3. CONFIDENTIALITY

Confidential information expressly identifies the medical nature of the services rendered to a patient, and includes all information and records obtained in the course of treatment. It includes information from history and physical examination, diagnoses, treatment rendered, laboratory and radiology results, progress notes and miscellaneous medical reports. We do not release your medical information without properly signed authorization.

I HAVE READ AND UNDERSTAND THIS FINANCIAL AGREEMENT. I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS.
I ACCEPT THE RESPONSIBILITY OF ITS TERMS.

PATIENT OR RESPONSIBLE PARTY

DATE