



FINANCIAL POLICY

Carolina BioOncology Institute believes that communicating our financial policy is a good healthcare practice. Charges incurred for services rendered are the patient's responsibility regardless of insurance coverage. We are in-network with many, but not all, insurance companies. It is your responsibility to determine if we are in-network with your particular insurance. Your insurance coverage is a contract between you and your insurance company, not your insurance company and us. We will file your primary and secondary insurances only, as a courtesy. Please realize that having a secondary insurance does not necessarily mean that your services are covered at 100%. Secondary insurances typically pay according to a coordination of benefits with the primary insurance. It is your responsibility to provide us with accurate insurance information and to inform us of any changes in your coverage as they occur.

You are responsible for all copays, coinsurances, deductibles, and non-covered services/items. We are obligated to collect your copay, at the time of service, per your insurance company. We accept cash, check, MasterCard, Visa, or American Express. Statements are sent out monthly, and we ask that payment for balances due be rendered when you receive your statement. Patient payments are typically applied to the oldest balances first, except for copayments and coinsurances – they are applied to the current date of service. There is a \$36 returned check service charge. Payment will then need to be made by cash, money order or credit card for the balance due and the service charge.

When you receive healthcare services from us and we bill your insurance, it is the same as us extending you credit. You receive the service and we await payment from you and/or your insurance. Due to the high cost of rendering care and the lowering reimbursement by many insurers, including Medicare, we cannot carry large balances. Balances not paid within 90 days will be turned over to an outside collection agency unless prior payment arrangements have been made.

Some patients may accrue large balances for services provided. We will work with these patients to set up a mutually feasible payment plan. In some cases, if the minimum payment due cannot be paid, we will need proof of financial hardship. Please understand that we cannot waive deductibles, coinsurances or copays that are required by your insurance. This is a violation of our contracts with the insurance plans.

Completing disability forms, FMLA forms, and other requested supplemental forms requires time away from patient care and day to day business operations. Prepayment of \$20.00 per form is required. Please understand that in order to complete forms your medical record must be reviewed, forms completed, signed by the physician and scanned into your medical record. We request that you allow 5 business days for this process.

I understand and agree to abide by Carolina BioOncology Institute's Financial Policy.

Print Name _____ Date _____

Signature _____