

PATIENT FINANCIAL RESPONSIBILITY POLICY

As cancer and hematology specialists, we know that modern cancer and hematology care may be expensive. The best outcomes are achieved when you and Oregon Oncology Specialists work as a team to determine a treatment and financial plan for you.

IF YOU HAVE INSURANCE COVERAGE

(Please notify us either in person, by phone or mail any time you have a change in your insurance or billing information. If you lose insurance coverage, we must be notified immediately so that a financial assistance plan can be started before your balance rises.)

How we work with you:

- Oregon Oncology Specialists provide verification and review of your insurance benefits.
(Note that the information about your plan that we relay to you is in good faith. We are not responsible for inaccurate information provided to us by your carrier.)
- Our staff will help you as best they can with obtaining referrals and pre-authorizations.
(You are responsible for assisting our staff in obtaining any referrals or pre-authorizations that may be required by your insurance plan prior to your appointment. It is important for you to be an informed consumer, who understands the specifications of your insurance policy (e.g., doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests, urgent care facility care). If you have questions, contact your insurance plan.)
- Oregon Oncology Specialists is in network for most insurance companies and we will bill your primary insurance carrier. As a courtesy, we will also bill your secondary insurance carrier.
If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them prior to making it your responsibility. However, please be advised that you are nevertheless ultimately financially responsible for payment of medical services rendered. After 60 days, any unpaid balances will become your responsibility.

Other Insurance Considerations:

- **MEDICARE**--If you have Medicare, you may not be covered for some of the services that your doctor recommends. You will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive services, knowing you are responsible for payment. Please read the ABN carefully.
- **Worker's Compensation Coverage**—If it has been determined that your illness is the result of an occupational exposure and you have an accepted claim, please provide a claim number, name of the carrier, the date of injury, employer at time of injury and name and number of the claim adjuster.

Payments: (We accept cash, check and most major credit cards and debit cards.)

- Co-payments are collected at the time of check-in. Insurance deductibles and fees for services not covered by your insurance policy, if known, are due at the time the service is rendered. We may also ask for payment on any outstanding patient balances while you are in the office. There are financial assistance programs, if needed. (See Other Financial Considerations in this document.)

PATIENT FINANCIAL RESPONSIBILITY POLICY

IF YOU DO NOT HAVE INSURANCE COVERAGE

How we work with you:

- The Financial Counselor will review our company discount policy with you.
- Once your treatment plan is agreed upon, the Financial Counselor will give you an estimate of your financial responsibility.
- See Financial Assistance below.

Payments: Self-pay patients should be prepared to pay at the time of each visit. New patients without insurance will be required to pay \$100 at the time of their initial appointment. The \$100 will be applied to the total charges due and does not necessarily cover the total charges for the initial visit. If there is an unusual financial situation, please contact the business office where they will be happy to discuss arrangements for payment.

OTHER FINANCIAL CONSIDERATIONS

Financial Assistance — If you feel your estimated cost of treatments is not affordable, please let us know immediately so we can work with you to meet your medical and financial needs **before treatment starts**. The assistance programs require that you sign up before treatment begins. The Financial Counselor can give you information on financial assistance options that may be available from a wide variety of local and national resources. If you want to pursue any of the available options, you will need to complete all required paperwork and receive assistance approval prior to beginning treatment.

Address Change — It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information. We mail our billing statements.

Billing — If you owe additional money after your visit, you can expect to receive a statement. Statements are mailed out monthly and payments should be made promptly by the due date on the statement.

Refunds — A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our office.

Failure to Pay — Patients who ignore collection notices and fail to pay their balance risk negative credit ratings and possible dismissal from the practice. Past Due accounts may hinder your ability to have future appointments scheduled.

Returned Checks — Returned checks are subject to a \$20 fee and your account will be placed on a “cash-only basis.” We will accept payments only by cash or credit card until the balance is cleared.

Guarantor — Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. This policy includes individuals negotiating divorce agreements.

PATIENT FINANCIAL RESPONSIBILITY POLICY

Due to policy provisions in your contract with your insurance carrier, we are obligated to collect all patient responsibility balances. If your insurance policy has provisions such as deductibles, co-insurance or co-payments please note that these are provisions that have been agreed to between you and your insurance carrier. We cannot legally discount fees after their submission on your behalf to your insurance carrier.

If we are in your insurance carrier's network of providers, we have additional contractual obligations to collect the balances as outlined by your insurance carrier. Writing off patient responsibility balances could jeopardize our contract with your insurance carrier. If a portion of your fees are applied to an annual out of pocket maximum and we do not collect that fee, your out of pocket maximum has not been correctly calculated.

Additionally, for those Medicare patients that may have any medical services that are eligible under Medicare, we are legally obligated to collect the patient responsibility for co-insurance, co-payment or deductible under the terms of the anti-kickback laws.

We sincerely regret if any of these regulatory provisions cause you any inconvenience, but we must be bound by all provisions of insurance policy and federal law. If you have any issues or concerns with your insurance, we will be more than happy to assist in the resolution of those issues or concerns. Please feel free to let us know if you have any questions or if you require assistance to fully understand these provisions.

In addition, our company policy requires that you notify us in person, by phone or mail any time you have a change in your insurance or billing information. **If you lose insurance coverage, we must be notified immediately so that our assistance process can be started before your balance rises.**

We have financial counselors available to help identify financial resources you might qualify for. Please call to schedule an appointment with them.

We have included our complete patient financial responsibility policy for your review.

We ask that you sign this copy to confirm that you have read the policy.

Printed name of Patient

Date of Birth

Signature of Patient or Legal Guardian

Date Signed