



Practice Financial Policy

We understand that healthcare may be expensive. We would like to partner with you to make sure you understand your insurance coverage and out of pocket costs of your care. We would like to assist with establishing a financial plan in advance to avoid any misunderstandings or confusion regarding payment expectations.

**PROVIDING QUALITY MEDICAL CARE TO OUR PATIENTS IS OUR PRIMARY CONCERN.** It is our privilege to provide high quality care to you, our patient; however, it is your responsibility to understand your insurance benefits and communicate directly with your insurance company for clarification of questions relating to your coverage. Payment for co-pays, deductibles, and balances not paid by your insurance company is your responsibility.

- All patients are responsible for ensuring our office has the most current insurance and billing information.
- All patients are responsible for assisting the practice in obtaining any referrals necessary prior to your appointment if required by your insurance plan.
- All patients are responsible for co-pays at the time of service, and we may also ask for payment of any patient balances not covered by your insurance; or agreed upon budget plan payments. A receipt will be provided for all payments made at the practice site; cash, check, money order, charge and debit cards are accepted.
- You will be assigned a designated Patient Benefit Representative at the office and an Insurance Specialist at the Central Business Office that will assist with any insurance or financial questions you may have.
- Your Patient Benefit Representative will meet with you on your first visit to the practice, at any time your insurance changes, and if you have specific questions.
- Your Patient Benefit Representative will meet with you when a treatment plan has been established by your physician; to review your benefits and provide you with the best possible out-of-pocket cost estimate of your financial responsibility.
- Your Patient Benefit Representative may be able to locate assistance if needed from a wide variety of sources, so we encourage you to communicate financial needs you may have, so we can guide you to those resources.
- A monthly patient statement is sent detailing any patient balance activity. Our Central Business Office accepts check and credit card payments by phone, and you may also pay your bill or set up monthly recurring payments on our website:  
<http://floridacancer.com/patients/payment/>
- If your physician is not a provider with your insurance company, as a courtesy, we will file your claims for you if you assign benefits to your physician. If your insurance company does not pay within a reasonable time, you will be responsible for payment on your account.
- RETURNED CHECKS-The charge for a returned check is \$30 payable by cash or money order. This will be applied to your balance, in addition to any additional insufficient funds we incur. You may be placed on a "Cash Only" basis following any returned check.
- MEDICAL RECORD COPIES & FMLA PAPERWORK-If you want a copy of your records you will be charged a \$25 copying fee. There is a \$15 fee for completion of FMLA paperwork.

**FLORIDA  
CANCER  
AFFILIATES**



**The US Oncology  
Network**

Our goal is to assist you, with your cooperation; in receiving all the benefits offered to you by your insurance plan, or patient assistance programs and allowing us to do what we do best – concentrating on delivering high quality medical care.

I understand these policies and have had opportunity to discuss any questions.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date