

Hinsdale Hematology-Oncology Associates, Ltd.
Financial Policy Information

Thank you for choosing us as your health care provider. The following is a statement of our Financial Policy that we require you read and sign prior to any treatment. We are committed to delivering the highest quality medical care and treatment to our patients. Necessity of frequent visits and/or extensive treatment plans may result in significant expense. Therefore, we recognize the need for a definite understanding regarding financial arrangements for this medical care. **We encourage you to discuss any potential financial or payment problems with our Business Office.** We will work with you in determining a mutually acceptable payment plan, as well as providing information about resources available to you.

Unless you are a member of one of our contracted insurance plans, or Medicare, full payment is due at the time of service.
We accept cash, checks, Visa, MasterCard and Discover.

PPO Plans: If the physician is contracted with your plan, the majority of members covered under this type of plan are still required to make some type of payment for service that is rendered to them. This may be in the form of co-payment, deductible or co-insurance. If your plan has a co-payment, you will be expected to pay your co-payment prior to seeing the doctor or receiving treatment. Co-payments, deductibles and co-insurance are requirements of your insurance plan and we are required under our contract with these plans to collect these amounts from you.

POS and HMO Plans: Most of the members covered under POS and HMO plans also owe co-payments, and members of POS plans may also owe deductibles and/or co-insurance. Co-payments will be collected prior to seeing the doctor or receiving treatments. You will be billed for co-insurance and deductible amounts. We are required under our contract with these plans to collect these amounts from you.

Copays: Your insurance plan dictates which type of visit(s) qualifies for a copay. Copays will be collected at the time of service for all doctor visits. Because circumstances pertaining to your individual treatment and care will vary, any copays for visits by a nurse or para-professional will be billed to you, rather than be collected at the time of service. This should minimize overpayments for copays.

Payment Responsibility: We expect that you will pay any co-insurance, deductibles, or any other balance within 30 days of receipt of our bill for services. In an effort to minimize administrative expenses, we may request payment from you for any unpaid account balances, or balances that may have become due since your last billing when you come to the office for a subsequent visit.

Please be aware, some of the treatments provided may be non-covered services because they are not considered reasonable and necessary by Medicare or other insurance plans. We intend to discuss with you any services for which insurance reimbursement is questionable, in advance of beginning treatment.

Referrals for HMO and POS Patients: We participate in selected HMO, PPO and POS plans. You are responsible to obtain referrals from your Primary Care Physician (PCP) for all services and, will be held financially responsible for any unauthorized services. Our Referral Coordinator is available to work with you to start your referral process

Secondary Carve-Out Plans (Medicare Primary): Certain retirement/secondary plans have "carve out" benefits, which are based on a complex set of patient responsibility criteria. With this type of plan, you may be liable for a deductible and out-of-pocket maximum, over and above the Medicare deductible, before your plan will actually begin to pay benefits.

Pre-Existing Condition/Unsecured Insurance: Hinsdale Hematology Oncology considers insurance coverage *unsecured* when the pre-existing condition clause with your insurance appears to be unmet. Please refer to a separate policy document about this situation and our steps to secure/confirm your insurance coverage for your impending treatment.

Re-Billing Charge: A re-billing charge of \$10.00 may be added to your total balance due if no payment has been received on your account. This amount will be added to your balance each month until your account is paid in full. For your convenience, we accept Visa, MasterCard and Discover payments by phone.

Collections: Should it become necessary for us to utilize the services of an outside collection agency in order to collect the amounts which are due and owed by you under the terms of your insurance coverage, you will be held liable for any and all collection agency fees and/or attorney fees which will be approximately 25% over and above the actual charges for services which were rendered to you. Further, information that is helpful or necessary for collection purposes will be forwarded to our professional collection agency.

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy and understand and agree to adhere to this Policy.

Signature of Patient or Responsible Party

Date