

Patient Financial Policy

Oncology Specialists of Charlotte is dedicated to providing high quality medical care in a cost effective manner. We realize this may be a stressful period in your life and we would like to make your experience with us as pleasant as possible. We are committed to the success of your treatment and in order to fulfill that commitment it is important that you have a clear understanding of our financial policy and guidelines.

Co-Payments, Deductibles, and FEES: We are required by our contracts with insurers to collect applicable deductible, co-insurance and/or co-payments of services at the time they are rendered. As a courtesy we will file your claims with your insurance. In order to provide this service we must have your most current insurance information. Insurance cards must be presented at each visit or you may be treated as self-pay until active coverage has been verified. Although we estimate what your insurance will pay, it is the insurance company that makes final determination of your eligibility and benefits. Please understand that filing with your insurance does not guarantee payment and you will be responsible for amounts not covered.

Medicare Patients: The providers at OSC participate with Medicare Part B program for medical services. As participating providers, we agree to accept an amount of payment equal to the Medicare "allowable" for covered services. Medicare pays 80% of the allowable, and the patient, or the patient's secondary insurance, is responsible for paying the remaining 20% of the allowable amount and any deductibles. Please verify who will pay primary if you have a group health plan in addition to Medicare. Failure to do so may result in a reduction of benefits by either the group health plan or Medicare.

Self-Pay: Patients who are uninsured or have no proof of valid insurance will be required to make payment for services rendered at the time of visit. You will be provided an estimate for services prior to your appointment and you will also need to complete a self-pay agreement.

Authorizations and Referrals: We participate in most local insurance plans. Some of those plans require that you obtain a referral or prior authorization prior to visiting a specialist. If your plan requires a referral and/or preauthorization, please contact your Primary Care Provider to confirm one has been acquired.

Pre-Certification: As a courtesy, OSC will work to secure necessary pre-certifications prior to receiving drug therapy, elective hospital admissions and radiology studies. While we provide this service, we encourage all patients to contact their plan for pre-certification requirements and to ensure necessary authorizations are in place. In doing so, you are assisting in preventing any potential delays in receiving treatment or reimbursement.

Treatment: Prior to beginning treatment, you will meet with one of our financial counselors to discuss insurance coverage, authorization information, and to be provided estimated costs for your care. If there is any projected patient responsibility, payment will be expected prior to the start of treatment. Keep in mind, the benefits and estimate quoted are based on information received from your insurance carrier at the time of verification. OSC is not to be held responsible for any inaccurate information received.

Diagnostic Testing and Outside Labs: Diagnostic testing and lab tests may be necessary as part of your care and treatment by OSC. Diagnostic testing and some lab tests may be performed or provided by outside facilities. When outside providers are used, you understand that you may receive a bill directly from that outside facility.

Billing Inquiries: Our billing staff and financial counselors are available to address all billing inquiries. The business office can be reached at **704-342-1900, extension/option 5** between the hours of 8:00 a.m. to 5:00 p.m. Monday through Thursday and on Fridays, 8:00 a.m. until noon.

I have read the above Patient Financial Policy and have provided true and accurate insurance information. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for services rendered.

Patient's Signature _____ Printed Name _____ Date _____