

Thank you for choosing us to be your Hematologist/Oncologists. It is our hope that every patient be completely satisfied with his or her visits to our office. Our staff, from the Patient Advocate to the Receptionist/Secretary to the Oncology Nurse to the Business Office and Office Manager, is here to answer your questions and guide you through your care.

One area of frequent frustration is billing and patient responsibility. This office will submit all your visit bills directly to your insurance company. Your responsibility is to be certain we have the most current information about that coverage.

We urge you to familiarize yourself with your coverage guidelines and limitations. Contact your primary physician and request a referral form, authorization number or reference number if those are required by your carrier. We also respectfully request your copay be paid at the time of the service. We collect this payment at the time you sign in.

Below we have taken the opportunity to more fully explain our policy as it relates to various insurance carriers. Please read this carefully and bring it with you for your first visit. We will review everything with you and welcome your questions. Feel free to contact our patient services department directly at 631-666-3555.

Participating Insurance Plans – We participate with many insurance plans and accept the insurance payment sent directly to our office. We will submit the claims on your behalf and will only require you to pay the co-payment or co-insurance when you arrive for your appointment.

Patients who are covered by Medicare with no supplemental coverage are responsible for their deductible as well as the remaining 20% balance. We collect the 20% co-insurance at the time of the visit. We will send a bill for your deductible.

If your plan requires a referral from your primary care physician, we will do our best to help you keep track of your referrals but ultimately, it is your responsibility to make certain we have a valid referral for you for every visit to our office.

Non-Participating Insurance Plans – Although we participate in many insurance plans, you may have an insurance plan that we do not participate with. It is important for you to contact your insurance company to understand the limits of your coverage and your financial responsibility before seeking care. We cannot stress this enough. We will submit claims on your behalf and we will request that payments be sent directly to our office. But, it will be your responsibility to promptly forward all payments you receive along with the explanation of benefits, directly to our office. And, it will be your responsibility to pay all yearly deductibles and any balances your insurance plan does not pay.

Patients Responsibility:

In the event I fail to pay any services that are due and my account is referred to a collection agency/attorney for non-payment, you may report my failure to pay to a credit reporting bureau and request a copy of my consumer credit report to aid in the collection of this obligation.

If your account is referred to a collection agency, your account will increase by 25%. In the event your account is referred to an attorney, you will pay lawyer's fees of 25% of total unpaid balance plus court costs.

FOR OFFICE USE ONLY :

PER _____ , YOU ARE RESPONSIBLE FOR A DEDUCTIBLE OF \$ _____ +
AN OUT OF POCKET OF \$ _____ WITH A _____% COINSURANCE. PATIENT MADE AWARE
THEY WILL BE RESPONSIBLE. PATIENT'S INTIALS: _____ EMPLOYEE'S INTIALS: _____

I have read and understand the financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended on occasion by the practice.

Signature of Patient

Please print name of Patient

Date