

# WOMEN'S CANCER CENTER

## Financial Policy

Thank you for choosing WOMEN'S CANCER CENTER as your healthcare provider. We are committed to your treatment being successful. Our Billing Department will work hard to make sure your claims are filed accurately and promptly. Please understand that insurance reimbursement can be a long a difficult process. Therefore, it is important for you to understand YOUR insurance policy and coverage. (Please initial the following)

- \_\_\_\_\_ Women's Cancer Center (WCC) will submit a claim to your insurance company. If we are NOT Contracted Providers with your insurance company, your out of pocket will possibly be more. It is your responsibility to find out if we are In- Network Providers.
- \_\_\_\_\_ All co-pays or co-insurances are due at the time services are rendered. These payments must be collected prior to you leaving our office.
- \_\_\_\_\_ Not all services are covered by your insurance company; please refer to your policy for clarification and verification of coverage and benefits. Fees for non-covered services are the responsibility of the patient or guarantor.
- \_\_\_\_\_ We do NOT bill secondary insurances UNLESS you have Medicare as your primary or if Medicare or Medicaid is your secondary insurance.
- \_\_\_\_\_ If we do bill your secondary insurance and your secondary does NOT cover the entire balance left by your primary insurance you are responsible for the difference between the two. We base your responsibility on your primary insurance's allowed amount.
- \_\_\_\_\_ Fees for lab work or cultures are billed separately by the appropriate lab. WCC is not responsible for any outside billing facilities.
- \_\_\_\_\_ If your insurance company changes, it is your responsibility to notify WCC immediately so that we may bill correctly. If you give us the NEW insurance information after services are rendered and we are denied for timely filing, you WILL be responsible for the charges.
- \_\_\_\_\_ If your insurance company does not pay within 90 days, we reserve the right to begin billing you directly and recommend that you contact your insurance carrier to follow up on the payment status. Accounts become delinquent after 120 days and will be placed with a private collection agency and subject to a \$25 collection fee and all costs associated with the collection process.
- \_\_\_\_\_ Returned checks will be subject to a \$25 fee. Payment for the returned check must be paid by cash or with a credit card. You will NOT be seen again until the fee is paid.
- \_\_\_\_\_ If you do not call and cancel/reschedule your appointment within 24 hours of the appointment time, you will be charged a \$25 NO SHOW FEE.
- \_\_\_\_\_ I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on my medical claims. I request that payment of authorized benefits made on my behalf. I assign the benefits payable to which I am entitled, including Medicare, private insurance, and other health plans to WCC. The assignment will remain in effect until revoked in writing by me. A photocopy of this assignment is to be considered as valid as the original. I understand that I am fully responsible for all charges whether paid by said insurance.
- \_\_\_\_\_ I have read the financial policy, I understand and agree with this financial responsibility.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name / Responsible Party

\_\_\_\_\_  
Date