

# **Southeast Florida Hematology-Oncology Group, PA**

## **Financial Policy**

**Welcome** Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. We make every effort to keep our fees reasonable while at the same time covering the cost of the services we provide. Payment of your bill is considered part of your overall treatment and we have adopted the following policies.

### **Fees and Payments**

As a courtesy, **Southeast Florida Hematology-Oncology Group, P.A.**, verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

Fees are standard and based on the complexity of your visit. We require all patients to pay their deductible, copay and/or coinsurance payment at the time of service. If you are unable to pay your co-payment at your visit, your appointment may need to be rescheduled. Payment can be made with cash, personal check, money order, Visa, MasterCard, or Discover.

If you are covered by health insurance with Hematology-Oncology benefits, we will be happy to bill your insurance. Please provide your insurance information to the front office staff and we will verify your coverage as a courtesy. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any balances.

Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

We highly recommend you also contact your insurance carrier and check into your coverage for Hematology-Oncology.

**Required at Check-In /Check-Out**

1. Verify Personal Contact Information
2. Present Current Copy of Insurance Card
3. Present Current Picture ID
4. Payment of copay and/or coinsurance payment, deductible and any outstanding balance

**Self-Pay** Payment needs to be made IN FULL prior to or on completion of your visit or procedure.

**Family Medical Leave Act and Disability Paperwork** Family Medical Leave Act (FMLA) or Disability paperwork to be completed by your provider takes considerable time for the staff to complete. We are happy to complete these forms for you; however there is a 5-7 business day turnaround and a charge of \$25.00, payable in advance.

**Medical Records** In order to be in compliance with State law and HIPAA regulations, we charge a per page charge, payable in advance, if you would like a copy of your records sent to you or another physician. This per page fee policy is available upon request. As always, if a collaborating physician (primary care or specialist) requests portions of your record to assist in your care, there is no charge.

**Miscellaneous Charges** Returned Check Charge -- Non-Sufficient Funds (NSF) checks are subject to a \$30.00 fee (in addition to fees from your bank).

Lab Charges -- Depending on your insurance, you may get a separate bill from the lab facility that performs your lab work. These charges should be discussed directly with the Lab facility.

**Refunds** Patient Refunds are processed on the last day of the month. Any account that has outstanding claims will not be eligible for a refund.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_