



2016 Financial Policy

The START Center for Cancer Care is doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a copy of our financial policy.

ALL PAYMENTS ARE EXPECTED AT THE TIME SERVICES ARE RENDERED

- Payment is required at the time services are rendered. This includes all applicable co-payments, coinsurances and any balances on your account.
- START accepts cash, personal checks, VISA, MasterCard, American Express, Discover, Debit Cards and Money Orders.

INSURANCE:

- We will bill any insurance company we participate (contract) with Primary or secondary. We do not bill cancer policies.
- Your time of service receipt includes all information necessary for submitting claims to any insurance company The Start Center does not participate with or your private cancer policies.
- You are expected to pay your deductible and co-payment at time of service. We cannot bill for co-payments.
- If uninsured you are expected to pay the initial consultation in full, a 50% retainer fee for all future services and the remaining 50% in monthly installments by the last treatment day.
- There will be a \$25 fee for all returned checks.
- There will be a \$25 fee for all insurance/disability forms due in advance.
- You are expected to report all insurance changes immediately.
- We cannot bill new insurance policies without a copy of your card or temporary card.
- If unable to verify your insurance benefits, you will be expected to pay for your visit in advance.
- If unable to pay your deductible in full, we will accept a minimum of 50%.
- We will bill any participating insurance company to determine your co-insurance (typically 20%) portion as a courtesy to you, however, you are expected to pay your deductible and co-payments at the time of service.
- If you are enrolled in a Managed Care (HMO) plan you must receive a referral from your primary care physician before seeing a specialist. We will make every reasonable effort to obtain one on your behalf. If unable to obtain a referral you will be financially responsible for your visit and payment will be expected at time of service.
- If you are enrolled in Medicare, you are responsible for coordinating benefits according to Medicare guidelines.
- Financial counseling is available upon request.
- Estimates of Charges is available upon request.

REFUNDS:

- Overpayments will be refunded upon written request within 30 days.

ACKNOWLEDGEMENT:

I have read and understand the Financial Policy. Signature of insured or authorized representative:

Patient Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

If you need assistance please ask for a Financial Counselor