START CENTER FOR CANCER CARE
A Partner of OneOncology

Patient Financial Policy

FRM-FIN-POL-001 Rev. 2.0

Please print clearly in blue or black ink, or complete this form on screen.

Prior to receiving care, patients are entitled to understand their financial obligations and the protections afforded to them under applicable law. A Financial Counselor is available at any time to provide a written estimate, discuss financial assistance, or arrange a payment plan.

SECTION 1. INSURANCE AND BILLING

- Patients are responsible for providing current and accurate insurance information and for promptly notifying START of any change in coverage.
- START bills insurance plans with which it maintains network participation. Copayments, deductibles, and coinsurance are due at the time of service unless an alternate arrangement has been approved in advance.
- If START is out of network with a patient's plan, the patient will be treated as self-pay for that service. Documentation for self-filing with the insurer will be provided upon request.
- A patient who carries insurance may elect not to have a given service billed to that insurance and instead be treated as a private-pay patient. Private-pay rates and the self-pay provisions of this policy then apply to that service.
- A benefits verification or prior authorization does not constitute a guarantee of payment; the final coverage determination rests with the patient's insurer.
- Outside providers involved in a patient's care, including independent laboratories and pharmacies, may issue separate invoices.

SECTION 2. REFERRALS AND PRIOR AUTHORIZATION

Certain insurance plans require a referral from the patient's primary care provider prior to being seen at START. The patient is responsible for ensuring a valid referral is on file in advance of the visit. START may assist with requesting or verifying a referral but cannot guarantee approval. A referral that is missing, expired, or insufficient in scope may render the patient responsible for payment, which may be required prior to the visit.

Prior authorization likewise does not guarantee payment. Where Medicare requires an Advance Beneficiary Notice for a given service, that notice will be provided separately and is not superseded by this policy.

SECTION 3. RIGHTS OF UNINSURED AND SELF-PAY PATIENTS

A patient is considered self-pay if they have no health insurance, elect not to use insurance they hold, or are covered by a plan that START does not bill. The federal No Surprises Act affords the following protections to uninsured and self-pay patients:

Good Faith Estimate

- A written, itemized estimate of expected charges.
- This estimate reflects START's own charges. START does not control the charges of outside providers; they bill separately, and a patient may contact them directly for their own estimate.
- Delivery timing: within three (3) business days where the service is scheduled ten (10) or more business days in advance, or within one (1) business day where scheduled three (3) to nine (9) business days in advance. An estimate may also be requested at any time prior to scheduling.
- Itemization by service, applicable diagnosis code, and the name, National Provider Identifier (NPI), and Tax Identification Number (TIN) of each provider involved.
- Retention in the patient's medical record for a minimum of six (6) years. The estimate does not constitute a contract or a bill, and actual charges may vary.

Notice required by federal law: Patients have the right to receive a Good Faith Estimate of the expected cost of non-emergency items or services, provided in writing at least one business day prior to the scheduled service. Where the final bill exceeds that estimate by $400 or more, the patient may dispute the charge. For additional information, visit www.cms.gov/nosurprises or call 1-800-985-3059.

SECTION 4. DEPOSITS AND ADVANCE PAYMENT

START may require a deposit for self-pay services prior to the commencement of treatment. The deposit will be reflected on the patient's Good Faith Estimate and applied against charges incurred; any unapplied portion will be handled in accordance with the refund provisions set forth in Section 6.

SECTION 5. FINANCIAL ASSISTANCE AND PAYMENT ARRANGEMENTS

- Financial counseling, assistance applications, and payment plans may be available; patients should inquire as to current eligibility criteria.
- Patients unable to satisfy a balance in full should contact the Financial Counselor as early as possible.

SECTION 6. REFUNDS AND ACCOUNT CREDITS

A credit balance reflected on a patient account does not constitute an automatic refund. START first confirms a true overpayment through review of pending claims, posted payments, and applicable adjustments. Upon confirmation, a refund will be issued within the timeframe required by applicable state law. Refunds due to a deceased patient's estate require completion of an estate review.

SECTION 7. RETURNED PAYMENTS AND ADMINISTRATIVE FEES

START may assess a fee for a returned payment or for completion of a non-treatment-related form. Any such fee will be disclosed to the patient in advance.

SECTION 8. ACKNOWLEDGMENT

I acknowledge that I have read this policy, had the opportunity to ask questions, and may request a copy for my records.

Signature of Patient, Guarantor or Legal Representative	Printed Name	Relationship to Patient (if not the patient)	Date (DD/MM/YYYY)
Wet signature, or START-approved electronic signature			

This completed form contains protected health information. Handle, store, and dispose of it in accordance with START Center for Cancer Care policy, the HIPAA Privacy and Security Rules, and the Texas Medical Records Privacy Act (Texas Health and Safety Code Chapter 181).