

UTAH HEMATOLOGY ONCOLOGY PC

Patient Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to building a successful physician-patient relationship. Please understand that payment for services and therapy is part of that relationship. The following is a statement of our Financial Policy that we require you to read and sign prior to treatment.

PATIENT INFORMATION

A fully completed, current patient registration will be on file in your chart. A signature by the responsible party is required. IF THERE IS A CHANGE OF RESIDENCE, CONTACT INFORMATION, OR INSURANCE COVERAGE, IT IS YOUR RESPONSIBILITY TO NOTIFY US OF THE CHANGE. You will be responsible for any claims denied because we do not have the appropriate information.

INSURANCE CLAIMS

PRIMARY INSURANCE: Utah Hematology Oncology PC (UHO) will file claims with your insurance upon your submission of proof of coverage (i.e., insurance card). In the event that you have insurance coverage, but cannot provide proof of coverage, payment is due at the time of service.

SECONDARY INSURANCE: Claims will be filed with secondary insurance if proof of coverage is provided at the time of service. However, if payment is not received in our office within 45 days of filing with the secondary payer, the balance will be transferred to your responsibility.

While filing of insurance claims is a courtesy that we extend to our patients, all fees for services and treatments are your responsibility.

PATIENT FINANCIAL RESPONSIBILITY

THE PATIENT AND/OR PATIENT'S ESTATE IS RESPONSIBLE FOR ALL FEES. INSURANCE COVERAGE IS NOT A GUARANTEE OF PAYMENT. PREAUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. IF CLAIMS SUBMITTED BY OUR OFFICE ARE DENIED AFTER REASONABLE EFFORTS HAVE BEEN MADE BY UHO TO COLLECT PAYMENT FROM THE INSURANCE COMPANY, THE ENTIRE BALANCE OF THE CLAIMS WILL BE TRANSFERRED TO YOU, WHO WILL THEN BE RESPONSIBLE FOR OBTAINING PAYMENT FROM THE INSURANCE COMPANY UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. EVEN IF YOUR INSURANCE PLAN PAYS FOR SERVICES RENDERED UNDER THE TERMS OF OUR CONTRACT WITH THEM, YOU ARE STILL CONTRACTUALLY OBLIGATED TO PAY ALL CO-PAYS, DEDUCTIBLES, MAXIMUM OUT-OF-POCKET EXPENSES, AND CO-INSURANCE, JUST AS WE ARE CONTRACTUALLY OBLIGATED TO COLLECT THEM. ANNUAL OUT-OF-POCKET MAXIMUMS MAY INCLUDE CLAIMS INCURRED AS PART OF THE SERVICES RENDERED BY UHO AND ARE DUE AT THE TIME OF SERVICE UNTIL THE OUT-OF-POCKET MAXIMUM HAS BEEN MET. YOU MAY STILL BE REQUIRED TO MAKE CO-PAYS FOR EACH VISIT, DEPENDING ON THE TERMS OF YOUR POLICY. CO-INSURANCE IS GENERALLY DUE ONCE THE INSURANCE COMPANY HAS PAID THEIR CONTRACTED PORTION OF THE CLAIM TO UHO, UNLESS YOU HAVE A SECONDARY POLICY, IN WHICH CASE WE WILL FILE THE CLAIM ON YOUR BEHALF IN ACCORDANCE WITH THE PRINCIPLES STATED ABOVE. EVEN IF YOU HAVE BOTH PRIMARY AND SECONDARY COVERAGE, YOU MAY STILL BE RESPONSIBLE FOR A PORTION OF THE BILL, DEPENDING ON THE AMOUNT PAID BY THE SECONDARY PAYER.

CASH DISCOUNTS

If you pay cash for services or treatment, you will be offered a 25% discount from UHO’s customary charge for non-drug items.

PAYMENT PLANS

Therapies used in the treatment of cancer and blood disorders are extremely costly. Your physician purchases the drugs used in your treatment in advance. Insurance companies do not pay for all of your health care costs. We can set up a payment plan for you to enable you to discharge your contractual liability under the terms of your coverage. Pay plan installments must be made in addition to co-pays you are obligated to pay at each visit. The payment plan agreement is a binding contract for payment for goods and services provided to you. Pay plans require that you make regular payments as detailed in the agreement. Should you fail to fulfill your obligation under the agreement, you may be sent to a hospital for further treatment, sent to a collection agency, and/or referred to another physician for your care.

PAST DUE ACCOUNTS

Visa, MasterCard and American Express payments are accepted in person, by phone, or by fax. In the event that you do not discharge your financial responsibility, your account may be turned over to a collection agency. If the account is turned over to collections, the person or estate responsible for the account is responsible for all collection costs. Once an account has been placed with an outside collection agency, all payments must be made to that agency. Further, if your account is sent to collections, you may be sent to a hospital for further treatment and/or referred to another physician for your care.

ACCOUNT CONSULTATION

Our physicians and clinical staff do not discuss financial matters. Our billing staff is trained to discuss these matters and will be happy to help you. The primary contact for addressing financial matters is our Patient Advocate. If you still need assistance after consultation with our billing staff, our Administrator may be consulted, as well.

MEDICAL RECORDS

If you require a copy of your medical record, we will provide ONE for you at no charge. We require a written record request and, by statute, have up to 30 days from receipt of the written request to provide the records.

ASSIGNMENT AND RELEASE

I hereby authorize my physician to furnish my insurance company(ies) or their representatives information concerning illness or treatments. I hereby assign the payment of insurance benefits to my physician for medical services and treatments rendered.

I have reviewed and understand Utah Hematology Oncology PC’s Patient Financial Policy and agree to abide by its terms.

Signature of patient or responsible person

Date

Received by UHO Employee

Date