

# Jacksonville Hematology Oncology

## PATIENT FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our Financial Counselor. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment. Our financial policy is:

- Unless you or your insurance company has made other arrangements, in advance, payment is due at the time of service. For your convenience we will accept cash. Personal checks, Visa or MasterCard.
- **MEDICARE.** We accept assignment on Medicare claims. If you have Medicare, you will be required to pay your 20% co-pay and your deductible or show proof that you have met your deductible, at the time of your visit.
- If our physician is **not** a provider with your insurance company, as a courtesy, we will file your claims for you, if you assign benefits to our physician. If your insurance company does not pay within a reasonable time, you will be responsible for payment.
- If our physician **is** a provider with your insurance company, we will file your claim and you will be responsible for deductibles and co-payments at the time of service.
- **PATIENT RESPONSIBILITY.** Unless our contract with your insurance company states otherwise, you will be billed for services designated by your insurance company as patient responsibility.

I have read and understand the financial policy of the practice and I agree to be bound by its terms.

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Signature of Patient or Responsible Party

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Date