



Patient Financial Policy

Thank you for entrusting us with your care. We at Atlanta Oncology Associates (AOA) realize this may be a stressful period of your life and we want to make your experience with us as pleasant as possible. We are committed to the success of your treatment. Part of that success is making sure you have a clear understanding of our financial policy and payment guidelines.

- 1) **CO-PAYMENTS, DEDUCTIBLES, AND FEES** – All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are due at the time service is rendered. We accept cash, check, or credit cards (VISA, MasterCard, and American Express). **Deposits will be required prior to the start of treatment.**
- 2) **Medicare Patients:** The physicians of Atlanta Oncology Associates are proud to be "Participating Providers" of medical services under the Medicare Part B program. As Participating Providers, we agree to accept an amount of payment equal to the Medicare "allowable" for covered services. Medicare pays 80% of the allowable, and the patient, or the patient's secondary insurance, is responsible for paying the remaining 20% of the allowable amount and any deductibles.
- 3) Insurance is a contract between you and **your insurance** company. We will file claims with your insurance company as a courtesy to you. In order to properly bill your carrier we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to, those charges above the usual and customary allowance. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.
- 4) **Prior to you beginning treatment**, you will be scheduled for an appointment to meet with one of our financial counselors. At this time we will discuss insurance coverage, authorization information, and provide you with an estimate of the cost you will be expected to pay towards your care. If monies are due from you, **you will be required to make a deposit prior to the start of treatment. The amount of the deposit will be based on the amount that is determined to be your responsibility.** Keep in mind, the benefits and estimated amount due are quoted to you are based on the information that AOA received from your insurance carrier at the time of insurance verification. AOA is not to be held responsible for inaccurate information received. This estimate is provided to you as a courtesy and is not a guarantee of benefits or payment to us by your insurance carrier. We will also take the opportunity to provide you with a statement of your current charges to ensure you do not have any questions and are comfortable on how to interpret the statement. During this appointment, feel free to discuss any concerns you may have with your financial counselor. It is our expectation that your total out of pocket cost be paid in full by the end of your course of treatment. If paying the entire balance will be a hardship, we will make every effort to accommodate you by offering reasonable payment arrangements. We also offer a Charity and Indigent program for those patients who may qualify.
- 5) **If you are unable to pay the required deposit we must have a completed financial assistance application prior to the start of treatment.**
- 6) AOA files claims with your insurance carrier on a daily basis. Keep in mind the balance on your statements may change; this is due to subsequent payments being made by your carrier and additional monies being transferred to patient responsibility. Remember, although you may not receive a statement initially you are considered to be liable for the bill at the time service is rendered.
- 7) **Cancer Policies-** AOA will provide information necessary for you to file any cancer policy claims. This information will be made available to you at the completion of your course of therapy and once your AOA account has been paid in full, unless otherwise approved by our management team.
- 8) If you have questions about your insurance or your statement feel, free to contact our centralized billing department at (770) 350 – 0126. They are available Monday through Friday 8:00am to 5:00pm.

Patient Financial Agreement

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for services rendered. I have read the above Patient Financial Policy and have provided the practice with true and correct insurance information. I will notify the practice of any changes in my health insurance coverage.

A copy of this agreement may be used in place of the original.

Signature of Patient/Responsible Party

Print Name

Date