



The Choice for Oncology & Hematology

Ohio Oncology & Hematology, LLC – EAST at The Zangmeister Cancer Center

Financial Policy

Thank you for choosing Ohio Oncology & Hematology, LLC as your healthcare provider. We are committed to providing you with the best possible care. A clear understanding of our financial policy is integral to our professional relationship and is considered part of your overall treatment plan. In order to keep your cost of healthcare to an absolute minimum, we have adopted the following policies.

Fees and Payments

Fees are standardized and are based on the complexity of your visit or procedure. Payment of co-payments and any outstanding balance is required at the time of service. We accept cash, personal checks, money orders, American Express, Visa or MasterCard. We will file your insurance claims; however, all charges are your financial responsibility from the date that services are rendered. In order for us to file a claim, you must present a current copy of your insurance card *at each visit* and communicate any changes in your personal contact information.

Most insurance policies specify that some of the cost of the patient's care is the patient's responsibility. This can be accomplished through any combination of co-payments, coinsurance or deductibles. Co-payments are due when you check in for your appointment. Coinsurance and deductibles are determined by your insurance company and reported to us on your Explanation of Benefits. Once we are notified, we will add the appropriate payment/adjustment to your account and send you a statement. This charge is payable upon receipt of the statement. When your payment is received, it will automatically be applied to the oldest outstanding balance. If you would like a payment to be applied to a specific charge, please notify our staff at the time of payment.

Insurance Plans

Your insurance coverage is a contract between you, your employer and the insurance company; we are not a party to that contract. We must emphasize that as healthcare providers, our relationship is with you, not with your insurance company. Before your visit, please contact your insurance company to verify that the physician and Ohio Oncology & Hematology, LLC participate in your plan and that the services that you intend to receive are covered. In addition, some insurance plans require either pre-certification and/or a referral from a primary care provider before you can be seen. Please ask if these are required and obtain them if necessary.

Some services may not be covered benefits in your plan. It is very important that you understand the provisions of your individual policy. Insurance companies may arbitrarily select certain services they will not cover. Therefore, we cannot guarantee payment of all claims by your insurance company. If your insurance company pays only a portion of your claim or rejects your claim, you will be notified through an Explanation of Benefits. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation.

Continued on reverse

Self-Pay/Pending Insurance

If you do not have insurance, or if your insurance coverage is pending, a deposit of \$150.00 is required to be paid prior to seeing the physician for the first time. Subsequent visits require a deposit of \$110.00 per visit. If lab work is ordered, you will be billed for those services at our discounted rate. If you are scheduled for radiology services or treatments, you will need to pay for the services in full up front or establish a payment plan based on our policy for payment arrangements.

If you fail to meet any of the payment arrangements, your appointment will be rescheduled.

Our Medication Financial Advocates will be made aware of your situation to investigate the possibility of a pharmaceutical company providing support for drug treatments. When appropriate, an Ohio Oncology & Hematology, LLC social worker will also be notified to assist in determining if additional resources may be available.

If you are waiting on pending insurance coverage, it is your responsibility to inform us when the insurance is effective. It is the financial responsibility of the patient to pay for services provided prior to insurance taking effect.

Procedure Charges

- *Lab Services:* You will receive one bill unless your insurance mandates the lab must go to an outside agency. Please contact the lab facility directly to discuss any questions with your lab bill.
- *Radiology Services:* You will receive one bill for the physician's fee from ADVOCATE Radiology Billing and a second from Ohio Oncology & Hematology, LLC. Please contact ADVOCATE directly to discuss questions regarding the physician's fee.

Making and Keeping Appointments

If you need to cancel your appointment, please call us at least 24 hours in advance at (614) 383-6000. This allows us to accommodate other patients who need to be seen. There may be a charge of \$50.00 if your appointment is not cancelled 24 hours prior. Continued "no shows" may result in dismissal from the practice.

Non-Payment of Outstanding Accounts

Accounts that are not paid in a reasonable amount of time may be sent to an external collection agency and reported to the credit bureaus. If this occurs, you may also be dismissed from the practice. In addition to your outstanding balance, you may also be responsible for any fees or charges that we incur from the external collection agency while attempting to collect your balance.

Administrative Fees

- *Forms Charge:* If your employer requires Family Medical Leave Act (FMLA) or Disability forms to be completed by your provider, the turnaround time is 7 to 10 business days. There may be a \$30.00 fee for this service, payable in advance.
- *Medical Records Charge:* If you would like a copy of your medical records sent to you or another physician, these copies are billed on a per-page basis, payable in advance. The per-page fee schedule is available upon request. If a collaborating physician (primary care or specialist) requests portions of your chart to assist in your care, there is no charge.
- *Returned Check Charge:* Non-Sufficient Funds (NSF) checks are subject to a \$35.00 fee (in addition to fees from your bank).