

Financial Policy

Thank you for choosing Ivy Women's Cancer Care. We are committed to the success of your medical treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Administrator.

How May I Pay?

We accept payment by cash, check, VISA, MasterCard, and Discover Card.

Do I Need A Referral or Pre-certification?

If your insurance plan requires a referral authorization from your primary care physician or a pre-certification from your insurance, you need to contact your primary care physician or insurance company to be sure it has been obtained.

What Is My Financial Responsibility for Services?

Ivy Women's Cancer Care is under contract with your insurance policy, as are you as an individual. It is our responsibility to collect deductible, co-payments, and co-insurance amounts in accordance with the contract you signed with your insurance carrier. For office visits and office procedures, your insurance information will be verified prior to your visit. You will be asked to pay any applicable deductible, co-pay or co-insurance at the time of your scheduled appointment.

Will I Have to Pay for Surgery in Advance?

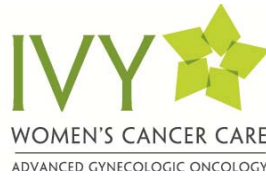
If you have insurance through a commercial policy (HMO, PPO, etc), an estimate will be given to you prior to your scheduled procedure. If your estimated patient portion will be under \$500, you will be asked to pay the full amount prior to your surgery. Any estimates over \$500 will require a \$500 deposit, and balances can be paid over 30 days following surgery.

If you have Medicare with a supplement, no deposit will be required before surgery. If you do not have a supplemental insurance, you will be given an estimate for your 20% portion, and the same deposit and payment rules apply.

If you are uninsured, you will be given an estimate prior to surgery, and you will meet with the Practice Administrator to discuss specific details regarding your account.

Will I Receive Other Bills for My Surgery?

Dr. Ivy and Ivy Women's Cancer Care are independent entities. Therefore, you will receive additional bills from the facility where your surgery is done, the anesthesiologist, the pathologist, as well as laboratory and/or radiology bills you may incur during your hospitalization. We strongly encourage all patients to contact each provider involved in their care to have a full understanding of their financial obligations prior to surgery. We will be happy to provide contact information for you upon request.



Is There a Charge for Medical Records or Completion of Paperwork?

If another doctor is requesting your medical records for consultation reason, we will be happy to provide those directly to the requesting office via fax. For personal copies of medical records, there will be a charge of \$10 up to 25 pages, and \$0.50 for each additional page.

For paperwork requested for medical leave, FMLA, or disability, the following policy applies:

- There will be no charge for the first set of paperwork requested for medical leave requirements for the patient's employer or insurance company
- For each additional set of paperwork requested by the patient, there will be a \$10 charge
- If paperwork is requested to provide information for a patient's spouse or caregiver, a \$10 fee will apply to each request

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, deductibles and any charges older than 30 days from the date of service, are my responsibility. I understand that failure to pay these outstanding balances may result in collection efforts and may negatively affect my credit rating.

I authorize Ivy Women's Cancer Care to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim. I authorize my insurance benefits be paid directly to Ivy Women's Cancer Care.

Date

Signature

Printed Name