

## Notification & Acknowledgement of Patient Financial Responsibilities

As a patient, it is in your best interest to know and understand your insurance plan benefits and your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you are responsible for payment of these charges.

To find out what your insurance plan covers and what your financial obligation may be, call the customer service or member services department of your insurance company (the phone numbers are on your insurance card). Your employer's human resources department may also be a source of information and assistance.

Mary Crowley Cancer Research Centers is an independent tax-exempt charity engaged in medical research. The medical staff at Mary Crowley is employed by Texas Oncology PA under a service agreement by which Texas Oncology PA also performs billing services.

Patients with insurance questions or concerns at Mary Crowley Cancer Research Centers – Medical City may also contact the Texas Oncology Business Office at 972-566-4363.

While you may have insurance coverage to pay your medical bills, you are ultimately responsible for all charges. You are responsible to notify us of your insurance and to provide the necessary information about your insurance plan; therefore, please have your current insurance card with you at all times, as well as a photo ID such as a driver's license, military ID, or government issued ID.

Make sure that both your physician and hospital are listed as a participating provider by your insurance company. It is possible that only the physician or only the hospital participates with your insurance plan. If not listed, contact your plan's customer service department to verify.

It is your responsibility to know your insurance company's patient responsibilities and procedures. If proper procedures are not followed, you may be liable for full payment of the bill. If your insurance company requires a referral and/or prior authorization, contact your primary care physician prior to seeing a specialist.

A referral may be required to see a specialist, while a prior authorization is usually required for laboratory tests or medical procedures.

If your insurance company requires a referral and/or prior authorization and you do not have one, you may not be seen for your scheduled appointment, or you will be responsible for full payment of your bill at the time of service.

If your specialist requires more visits than your insurer approves or if the referral has expired, you must contact your primary care physician for another referral and/or prior authorization.

At Mary Crowley Cancer Research Centers, all consult or re-consult visits are billed to your insurance company. You may be responsible for co-insurance or a co-payment amount. Subsequent screening and treatment visits will be billed per details noted in the "What are the Costs" section of the informed consent form you sign. The clinic staff will go over this section during the informed consent process and prior to you signing the consent form. If you disagree, have questions or need clarification regarding the costs that may be billed to you or your insurance company, please notify the clinic staff prior to signing the consent form.

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If you are admitted to the hospital during the course of your participation in the study and the hospital admission is not required by the study, you or your insurance company will be responsible for cost of your hospital stay. If you don't have insurance, you will be admitted to the nearest county hospital. Mary Crowley is not responsible for costs related to your hospital stay.

**Acknowledgement:** I acknowledge I have read and fully understand my financial responsibilities and have had all my questions answered. I do hereby expressly guarantee payment in full of any and all charges incurred for services rendered or to be rendered to me. Further, I agree to pay all attorney fees and court costs incurred by Mary Crowley in the collection of amounts for which I am responsible. I understand that a copy of this agreement is available upon request. I authorize the release of any medical or other information necessary to process this health insurance claim. I also request payment of benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to the provider for services provided.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_