

As our patient, we care about you and want to help you understand our billing process. Please take a moment to become familiar with the services provided by the Business Office staff at the Central Alabama Radiation Oncology, LLC. Representatives are available Monday – Friday from 8:00am – 5:00pm to facilitate inquiries.

**Health Insurance**

Central Alabama Radiation Oncology, LLC participates with most major insurance companies, such as Medicare and Medicaid. Prior to your visit, check with your employer or insurance company to see if you have access to health care services at Central Alabama Radiation Oncology, LLC, otherwise you may be responsible for all or a large portion of your health care services. Bring all of your health insurance information when you register. This includes your insurance cards which will provide the name of your insurance company, group number, and plan number. We will bill the primary insurance carrier for your healthcare services, and if applicable, your secondary insurance company as a courtesy. It is important to remember that health insurance coverage varies and some services may not be covered. If you have questions regarding your health insurance coverage, please call **your insurance carrier** to better understand how **your policy** works prior to receiving care at Central Alabama Radiation Oncology, LLC.

**Information Update**

It is **your responsibility** to inform us of any insurance or personal data change. Incorrect information can cause payment delays or denials that may ultimately leave you responsible for payment.

**Co-Payments & Deductibles**

Co-payments and other balances are due **on the day you receive services**. If your insurance carrier requires it, you will need to pay for estimated coinsurance or deductibles related to the services provided. If you have any questions regarding co-payments or deductibles, please call your insurance carrier for policy guidelines.

**Non-Covered Services**

If your insurance carrier disagrees with our Provider that the service provided was not medically necessary, is a pre-existing condition, or is a non-covered service, you may be asked to sign a notice that makes you financially responsible for the services provided and you will be asked to pay at the time of service.

**Patient Statements**

In the event your insurance carrier does not pay the entire bill, we will send you a statement to notify you of any remaining unpaid balances. This statement will usually arrive within 45 days of receiving services at Central Alabama Radiation Oncology, LLC unless there is a delay in your insurance carrier’s payment. Your insurance company may be billed for services covered by another physician in our facility if your doctor was not available for your treatment. For your convenience, we accept cash, checks, and all major credit cards including Visa, Master Card, and Discover. **Payment is due 15 days after you receive a statement**. Please tell us if you are unable to pay your bill in full. We are available to assist you with monthly payment plans.

**Collection Process**

Central Alabama Radiation Oncology, LLC will use the services of **Holloway Credit Solutions** in collection of all outstanding debt. Accounts which are not paid within 90 days, and for which NO special arrangements have been made, will be subject to placement with **Holloway Credit Solution**. If your account is placed for collection, you agree to be responsible for paying all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary.

**Consent to contact patient**

You agree, in order for us to service your account or collect monies you may owe, Central Alabama Radiation Oncology, LLC and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable. I/We have read this disclosure and agree that Central Alabama Radiation Oncology, LLC, its employees and/or agents may contact me/us as described above.

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**Patient Signature**

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**Date**