



HEMATOLOGY/ONCOLOGY ASSOCIATES
OF CENTRAL NEW YORK

Financial Agreement

Name	Birth Date (MM/DD/YYYY)
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Payments	Explanation	Payment Due
Co-pays	Set dollar amount applied to certain services by insurance contract. Under some policies, multiple co-pays can apply per day. Typically, co-pays do not apply to an out-of-pocket maximum.	Each visit at the front desk
Co-insurance	Percentage of the allowed amount that is the patient's responsibility. Amount is set by insurance contract for certain services.	Upon receipt of statement
Deductible	Fixed amount that must be paid by the patient at the beginning of the year before benefits can be accessed.	Upon receipt of statement
Budget	Budget plans are available (for those who qualify) to allow patients to make routine payments on an account balance.	On the set weekly or monthly date
Per Service	Patients without effective insurance coverage are provided with and are required to pay all charges prior to the rendering of services.	Prior to service

Patient Responsibilities

Insurance Participation	To avoid creating a large account balance and experiencing other complications, please contact the Billing Department prior to an insurance change to ensure the insurance is accepted. Only payments made from participating insurances are accepted as payment in full after co-pays, co-insurances and deductibles.
Insurance Benefits	The insurance company sets all policy benefits. Patients are responsible for covering any amounts not covered by their insurance; therefore, patients should contact their insurance company to verify their benefits prior to receiving a service.
Information Updates	All changes in demographic and insurance information must be reported no later than the subsequent appointment.
Authorization/Referral	All required insurance prior-authorizations and referrals must be checked and obtained by the patient prior to services being rendered.
Account Balances	Any account balance must be paid upon receipt of a statement. All questions in regards to a balance or a statement should be directed immediately to the Billing Department. Interest-free budget plans can be established for those who are eligible. Accounts in a delinquent status will be transferred to a collections firm.
Fees	For each bounced check, a \$28 fee is assessed to an account to cover bank charges.

Contact Information

Main Phone (315) 472-7504	Billing Department (315) 234-2812	Budget Plans/Collections (315) 472-7504 ext. 1079
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Patient Agreement

I acknowledge that I understand and agree to comply with the above Hematology-Oncology Assoc. of CNY policies. I have also been provided the opportunity to ask questions pertaining to the content of this agreement and have been provided contact information for any future questions.

Patient Signature	Date
Spouse/Parent(s) Signature	Date
Patient Representative Signature**	Date

**Represented by: Conservator Power of Attorney/Health Care Proxy Legal Guardian Parent (if patient is a minor)