



FINANCIAL POLICY

Thank you for choosing Breast Surgery of Tulsa (BST) for your medical care. We look forward to serving your needs. We want you to be an informed participant in your medical care. Therefore, we have summarized our financial policy for you in order for you to be aware of our expectations regarding your financial obligations to BST.

If BST has a contract with your insurance company, we will be happy to bill your insurance company for you after verification of your coverage benefits. Your coverage benefits include eligibility, service coverage, deductibles, co-insurance percentage, and co-pay amounts. **All patients are required to bring their insurance cards with the policy ID number and insurance company phone number. If you do not have your insurance card and/or we cannot confirm coverage, you will be required to pay in full at time of service.** Patients are expected to pay in full any applicable co-pays, deductible and/or co-insurance at the time services are rendered in our office. If we are unable to determine your financial responsibility at the time of service, payment is due **IN FULL** as balances are incurred. Based on the contract in place with your insurance company, we are required to collect your co-pays, deductible, and co-insurance. These balances cannot be waived.

BST will make every reasonable effort to collect payments due from your insurance company. However, you are ultimately responsible for all services rendered, as well as assuring timely payment from your insurance company. We recommend you follow-up with your insurance company on any outstanding balance you may have with BST. You will be liable for any service considered not medically necessary or cosmetic by your insurance company. We will inform you if any of your services have the potential to fall within this category.

BST accepts Medicare assignment. If you do not have secondary insurance coverage, we are required by law to collect the 20% co-insurance of the Medicare allowable. We are also required to collect the annual Medicare deductible, if you have not met your deductible prior to your appointment. Medicare only pays for services they deem medically necessary. We will inform you if any of your services have the potential to fall outside of this category, as you are responsible for payment of all non-covered services at the time of service.

Some of your laboratory tests, biopsies, cultures, radiological services obtained by the physician during your appointment, may be sent to an outside provider and will not be part of your office services at BST. You will receive a separate bill from the outside provider. BST is not obligated to pay for these service in anyway, covered or non-covered by your insurance company.

BST is happy to offer the following payment options:

- Cash, checks, Visa, MasterCard, American Express, and Discover. We cannot accept personal third party checks or post-dated checks
- Payment plans on all balances, excluding co-pays, up to 12 months with a verified credit score of 581 or greater

I have read the above statement and fully understand my possible financial obligations.

I understand that I am responsible for charges not covered or reimbursed by my insurance company. I agree to assume the cost of interest, collection and legal action (if required) in the event of non-payment

I authorize my insurance carrier(s) to release information regarding my coverage to Breast Surgery of Tulsa

My right to payment for all drugs, procedures, test, equipment rentals, supplies and nursing/physician services including major medical benefits are hereby assigned to BST. This assignment covers any and all benefits under Medicare, other government sponsored programs, private insurances and any other health plans. I acknowledge this document as a legally binding assignment/agreement to collect my benefits as payment representative; I will endorse such payments to BST.

I hereby authorize Breast Surgery of Tulsa/Cancer Care Associates to inquire into my credit history through a credit reporting agency. I understand that this information will solely be used for the purpose intended and will NOT be releases to any outside agency

Patient/Responsible Party

Date