



## FINANCIAL AGREEMENT & CONSENT FOR TREATMENT

**Medical Oncology Care Associates** is committed to providing you with the best possible care and assistance. In order to achieve these goals we need your help and understanding of our financial policy and your treatment authorization.

If you have insurance coverage, we are anxious to help you receive your maximum allowable benefit. We will be happy to process your insurance claim for you as a courtesy. To do this, we will need complete insurance information from you. It is necessary to bring your insurance membership card with you to your first visit. We will keep this information on file for any subsequent services that you may receive. If your insurance should change in the future, please provide us with updated information in order to process your claim.

We require payment of any co-payment at the time of your visit. Patients who do not have insurance coverage are expected to pay for services in full at the time of each visit. For your convenience we accept cash, checks, Mastercard and Visa.

We charge a Returned Check Fee for each occurrence and future visits must be paid by cash or credit card. Disability Form Completion charges are \$15.00 and up. Requests for Medical Records are \$.25 per page.

We participate in many insurance plans. If you are a member of such a plan, we will follow the plan's guidelines for billing and collections and you will be required to pay any co-payments or deductible which are due according to your insurance's explanation of benefits form.

If an HMO, EPO or PPO has referred you to us, **please be sure that you have the proper authorization and referral forms with you when you come in.**

If you are a member of a government insurance program, such as Medicare, Medi-Cal, or Champus, we will require a payment of any deductibles or share-of-cost that you may have remaining at the time of your visit.

### Please keep in mind the following:

Our fees are generally considered to fall within the acceptable range by most insurance companies, however, some insurance companies set reimbursement schedules that are below customary charges. Each company has a different reimbursement schedule and their payments may not cover the full amount of our charges.

As health care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are ultimately your responsibility. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, please contact our Billing Department promptly for assistance in the management of your account. Our reimbursement specialists can be reached at (714) 541-1406, Monday through Friday from 8:00am to 5:00pm.

Please sign below indicating your understanding of our financial agreement and your authorization and consent to **Medical Oncology Care Associates** for all treatment(s) rendered including laboratory procedures, examinations, ordering of tests (i.e.: x-rays, etc.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_