

Low Country Cancer Care Associates, P.C.
Cost of Health Care

Thank you for choosing Low Country Cancer Care for your hematology or oncology care. Our Physicians and staff are very concerned about the cost of your health care and want to address some current issues related to the cost of medical services in our office.

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of care rendered and the skill and expertise required for your care. Our fees are comparable with the fees of other Oncologists in the greater Savannah area. If an insurance company indicates a Physician's fees are above the "usual and customary," please understand that most Physicians' fees are above the rate which most insurance companies choose to pay. We use many resources to determine the appropriateness of our fees. We cannot and do not allow the payment or allowance of insurance companies to set the amount we charge for services.

Whenever possible, Low Country Cancer Care will assist you with your understanding of your insurance policy details. However, we cannot guarantee confirmation of your coverage or benefits by your insurance company.

Low Country Cancer Care Associates, P.C.
Financial and Payment Policy

Our policy requires payment for your deductible and/or co-insurance at the time of service for office visits and procedures. We will file a claim for services on your behalf. In the event there are any additional balances, which may be your responsibility, you will receive a statement that it is to be paid on the due date.

You have an obligation to immediately notify us if this is not possible.

HMO, POS, and PPO and other managed care members: As we are a specialty practice, you must be referred to us by your Primary Care Physician. It is your responsibility to make sure that our office receives the referral number, or if required a pre-certification number authorizing us to perform services other than office visits such as chemotherapy and hospital visits. If you do not have a referral, you may be sent back to your Primary Care Physician to obtain a referral prior to being treated. Please remember that it is your responsibility to make sure we are on your plan's participating provider list. We appreciate your understanding of the ever-changing requirements of managed care plans

If you are enrolled in Medicare, we are obligated by law to request collection of your co-insurance. Medicare has a fee schedule to which we must abide. Medicare reimburses 80% of the allowed amount and expects you to pay the remaining 20%.

If you have a medigap plan, the secondary will pay your 20% responsibility. You are also expected to pay your deductible at the beginning of the year. Note that there are Medicare and Medicaid managed plans that also require referral numbers.

If you have a secondary insurance plan, we will file a copy for you benefit. In 90 days, we will turn this balance over to you for payment if we have not received payment from the insurance company.

It is your responsibility to notify our office immediately if you obtain new insurance or your insurance status changes.

Self Funded Patients: Our policy requires payment before services are rendered. Our billing office will give you an estimated amount for the scheduled services. This is the amount required before services are rendered. Any balance due after the visit is to be paid on the due date or before your next visit.

Fees: A \$30.00 fee will be charged for returned checks. There is a \$10.00 fee charged for providing medical records, which is set by the State of Georgia. A written request and 72 hours notice is required. Please inform our office 24 hours in advance if you know you must cancel your appointment. A missed appointment fee may apply. There will be a fee of \$10.00 applied to any other non-insurance forms filled out by our staff.

In your interest we are pleased to accept MasterCard, American Express, and Visa for your charges. If an account becomes delinquent, Low Country Cancer Center reserves the right to have a collection agency take over the account. If any account is placed with a collection agency, the patient will be responsible for all costs of collection and any legal proceedings. Timely payments will prevent consequences to your credit rating.

If you have any questions about our financial policy or insurance reimbursement, please feel free to discuss them with our billing office staff.

I have read and understand my financial responsibilities as stated above and agree to accept them as described this policy.

Patient Signature _____ Date _____