

FAIRBANKS CANCER CARE PHYSICIANS, P.C.
Financial Policy

As cancer and hematology specialists, we know that modern cancer and hematology care may be expensive. We will work with you and your insurance company to provide the most effective treatment at the minimal cost to you. The following is a statement of our Financial Policy that we require you to read and sign prior to treatment.

- It is your responsibility to supply all current insurance and demographic information.
- Failure to properly inform us of any insurance changes will result in the patient being responsible for any resulting unpaid balances.

It is your responsibility to understand the terms and conditions of your (or the insured) insurance coverage including in-network/out-of-network, co-payment and co-insurance responsibilities, benefit maximums, and non-covered services.

- It is understood that your insurance company may not pay for the total bill for the care received.
- Insurance coverage is not a guarantee of payment.
- Preauthorization is not a guarantee of payment.

In the event that my insurance company denied payment to FCCP or no insurance coverage is available, I agree that I will assume responsibility for payment of my account.

- FCCP accepts cash, personal checks and VISA and MasterCard.
- FCCP may ask for a deposit if you have a high deductible or do not have health insurance.
- Please be aware that our physicians and clinical staff do not discuss financial matters.

If you have any questions concerning billing, insurance or our Financial Policy, please contact our billing office.

By signing below, I verify I have read and understand the Financial Policy of Fairbanks Cancer Care Physicians and agree to abide by its terms.

Patient/Responsible Party Printed Name

Date

Patient/Responsible Party Signature

Date