



Toledo Clinic
CANCER CENTERS

Patient Financial Policy

Thank you for choosing Toledo Clinic Cancer Centers as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.)

Co-pays

You are expected to present an insurance card at each visit. All co-payments are due at time of check-in. We accept cash, check and all major credit cards except American Express. If you should happen to meet your annual co-pay maximum, but you still have an outstanding bill, you will be asked to continue making payments until the account is settled.

Insurance claims

Insurance is a contract between you and your insurance company. In order to bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as any changes to your information. Failure to provide complete information may result in patient responsibility for the bill. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance.

Referrals and Preauthorization

If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility.

Self-pay accounts

Self pay accounts are patients without insurance, patients covered by insurance plans in which the office does not participate, patients who have exhausted their benefits, or patients who fail to provide a valid insurance card for us to keep on file. It is always the patients' responsibility to know if our office is participating in their plan.

Self pay patients will be expected to make a \$60 payment at their initial visit and will be asked to make payment arrangements for the balance. A self pay discount is offered to patients who set up a payment plan at their first visit. This can be arranged by calling 419-479-5398 or toll free 1-800-444-3561 ext. 5398.

It is never our intention to cause hardship to our patients, only to provide them with the best care possible, so please ask to speak to a financial counselor if you need help to settle your bill with us.

Financial counseling

Recognizing that a diagnosis of cancer is usually unexpected, we make available financial counseling to patients to assist in alleviating the stress and uncertainty that can occur. Once you and your physician have determined a treatment plan, we can provide you with an estimate of your out-of-pocket expenses and review the covered benefits of your insurance plan with you. Although we can estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. You can ask to meet with a counselor or discuss the cost estimate by phone at 419-479-5605 ext. 5716 or 5621. The financial counselor is your resource person. Should you experience payment difficulties during your treatment course, the counselors can assist you in managing your account and resolving problems.

Billing questions

For questions about your bill, or a copy of your statement, please call the TCI business office at 419-479-5398 or toll free at 1-800-444-3561 ext 5398.

Statement of Financial Responsibility

I have read and understand the Patient Financial Policy and agree to the terms and conditions outlined in it. I understand that I am responsible for full payment of all medical services rendered to me by the physicians of Toledo Clinic Cancer Centers regardless of insurance coverage unless a contractual agreement exists with my insurance carrier and my physician.

Print Name _____

Signature _____

Date _____

World Class Care-Close to Home