

Billing Policy
Southern Tier Cancer Care

Welcome to Southern Tier Cancer Care. We are pleased to offer the courtesy of participating with several insurances:

| | | |
|--------------------|--------------------|----------------|
| AETNA | BSWNY | COMMUNITY BLUE |
| EMPIRE | FIDELIS | GHI |
| HIGHMARK/PA | INDEPENDENT HEALTH | MEDICARE |
| MERITAIN HEALTH | NORTH AMERICAN | RMSCO |
| NOVA | RAILROAD MEDICARE | UPMC |
| UNITED HEALTH CARE | UNIVERA | |

(If you do not see your insurance listed above, please ask the receptionist the status of our participation with your insurance.)

PARTICIPATING INSURANCE: If you have one of the above insurance, we agree to bill your insurance company directly and accept assignment as directed by them. If your contract is not a "paid in full" type, we will bill YOU only up to the allowed amount by your insurance (ex. Coinsurance, deductible, or non-covered service). Should a referral or prior authorization be required and not supplied, you will be directly billed. In today's managed health care environment, many medical plans require prior authorization for referral to a subspecialist. Other insurances may require pre-certification for radiology exams as well. Please be aware of your individual insurance requirements.

NON-PARTICIPATING INSURANCE (PRIVATE): _____ You have an insurance that we do **not participate/accept and is not listed above**. We will still bill them directly for you if you have all needed information (I.D. #, Group # and complete name and address of the carrier) and/or a completed/signed claim form with you at the time of service. The New York State Insurance Commissioner has set 30 days as ample time for any private insurance company to pay. If your insurance has not responded within this 30-day grace period, YOU will receive a bill and the balance will be due by you.

INCOMPLETE INSURANCE INFORMATION OR NO INSURANCE AT ALL: If you have incomplete insurance information with you or no insurance at all, payment is expected **at the time of service**. We accept check or cash as payment.

COPAYS: Copays are due at the time of service.

Copay due \$ _____.

Copay paid today by Cash Check

No copay paid today, patient given 2 days to mail. If not, \$1.00 or more charge will be added to each bill.

I HAVE READ AND UNDERSTOOD THE BILLING POLICY AS SET FORTH BY SOTHERN TIER CANCER CARE. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR ANY COLLECTION OR ATTORNEY FEES.

SIGNATURE (Patient or responsible party)

Date

WITNESS

Date