Northern Virginia Hematology & Oncology Associates

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OFFICE POLICY ON PAYMENTS AND INSURANCE FORM

Office policy:

It is our policy to require payment of all office charges at the time they are given, unless prior arrangements have been specifically made. All accounts over 60 days will be charged an interest rate of 1 ½ per month (18% per annum) or a $2.00 minimum. In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all costs charged by the collection company, which costs will not exceed 20% of said unpaid balance, including a reasonable attorneys fee. New patients will be charged $25 reschedule fee if officed is not notified of cancelation within 24hour before scheduled appointment.

Insurance Policy:

Insurance provides for your reimbursement on allowed medical charges. As a courtesy to you we will provide an itemized statement you may send to your insurance company for payment. We will be happy to submit to most insurance carriers if you have provided us with policy numbers, address, place of employment, and any other pertinent information. You are responsible for all deductibles and charges not covered by insurance. Please understand that we cannot, as a third party, become involved in prolonged insurance negotiations; this is your responsibility.

I authorize the release of any medical information necessary to process any claim. I permit a copy of the authorization to be used in place of the original. This authorization may be revoked by either me or my insurance company at any time in writing.

I have read the above and accept financial responsibility in full for this account.

Patient Signature: _____ Date: _____

Parent, Guardian or Witness Signature: _____ Date:_____