



Financial Policy

Thank you for choosing The Ghosh Center for Oncology and Hematology to meet your specialized medical needs. We are committed to providing you with the best treatment available. Following is a statement of our Financial Policy. Please read and sign.

FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECKS, AND CREDIT CARDS
PAYMENT PLANS ARE ACCEPTED UPON APPROVAL

Regarding Insurance: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will bill your insurance plan for you, as long as you provide us with the correct information. Please be aware that some of the services provided may be non-covered services and/or not considered medically necessary under your health insurance plan. You, as the patient, are ultimately responsible for payment of all services provided by our care center. While payment is your responsibility, we will assist you in negotiating a settlement with your insurance company for any disputed claim. Our Patient Accounts department is available to discuss any questions you may have regarding your insurance or your account at 319-294-1899.

For insurance plans where we are a participating or preferred provider, all copays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not a participating or preferred provider, please refer to the above paragraph.

If you have secondary insurance, we will bill it for you as a courtesy, as long as you have provided us with the appropriate information.

If you bill any insurance yourself, please do so promptly, so that you will receive reimbursement before your account is considered delinquent.

Medically Necessary Care: We will only provide you with a service if we consider it medically necessary. Therefore, if your insurance company arbitrarily determines that a service we have rendered to you is unnecessary, you will be responsible for the bill.

Credit Policy: Accounts are due and payable as of the date billed. Unpaid balances will be considered delinquent after 60 days.

We realize it may be necessary on occasion to arrange installment or other payment programs. If financial problems arise, please contact our Patient Accounts department as soon as possible by calling 319-294-1899.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy and understand, as well as, agree to this Financial Policy.

X _____ Date: _____
(Signature of Patient or Responsible Party)

The Ghosh Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-319-294-1899

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-319-294-1899