



3701 Algonquin Rd., Crossroads Center, Ste. 900 • Rolling Meadows, IL 60008 • P/847.870.4100 • F/ 847.870.0866
800 Biesterfield Rd., Cancer Institute, Ste. 210 • Elk Grove Village, IL 60007 • P/ 847.437.3312 • F/ 847.956.5107
1555 Barrington Rd., Doctors Bldg. 3, Ste. 1200 • Hoffman Estates, IL 60169 • P/ 847.885.4100 • F/ 847.885.4199
27750 West Hwy. 22, Suite G70 • Barrington, IL 60010 • P/ 847.842.0180 • F/ 847.842.9877

www.NorthwestOncology.com

Financial/Authorization Policy

Our Mission: The physicians, nurses and staff at Northwest Oncology & Hematology strive to provide the highest quality, individualized care for our patients in a compassionate, attentive manner. It is our mission to provide up to date care in an environment that comforts our patients and their families, respects their individual needs and wishes, and preserves their dignity.

We understand this may be a difficult and stressful time for you and your family. Our well-experienced staff will help to answer any questions you have regarding your insurance. Should you require chemotherapy treatment or require imaging services or tests, we will verify your insurance benefits and review the information obtained from your insurance carrier with you. A statement of estimate of financial liability, if any, will be discussed with you at this time.

Please take the time and carefully review how we will partner with you in understanding your financial responsibility, authorization policy and other information you may find helpful. A signature and date is required at the end of this form to serve as acknowledgement and authorization of our policies and procedures described herein.

INSURANCE

Claim Submissions

As a service to our patients, we will file claims to your primary and secondary insurance, on your behalf. However, the insurance contracts are between you and your insurance company and you are ultimately responsible to see that your claims are paid in a timely manner.

Insurance Changes

It is your responsibility to notify us immediately regarding any changes in your insurance coverage. This is imperative because most insurance companies have "timely filing" rules, which if missed, will result in denial and non-payment of submitted claims. If this should happen, the full amount billed will become your responsibility to pay. In order to avoid this situation and other similar situations, please contact us as soon as possible with any changes and or updates to your coverage. If your insurance application is pending with Illinois Department of Public Aid (IDPA) for example, please let us know, so we can work with you to expedite the processing of this application.

Medicare – Our physicians are participating providers with Medicare and accept assignment on all covered claims. Medicare requires you to pay the 20% co-insurance and your annual deductible. If you have a secondary (supplemental) insurance, we will file claims to them on your behalf. Medicare reimburses for chemotherapy drugs based on patient diagnosis. If we suspect that Medicare may not cover part of your treatment for your diagnosis, you will be asked to sign an ABN (Advanced Beneficiary Notification) form, which will indicate acknowledgement that you have been informed that part of your treatment may not be covered. We will also work with you to find alternate sources of reimbursement for that part of your treatment that is not covered; for example, the use of a secondary insurance prescription plan or a drug company's patient assistance program.



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Medicaid – Our physicians are participating providers with the Illinois Department of Public Aid (IDPA). Claims will be filed on your behalf with a valid IDPA card that shows your eligibility. A valid IDPA card must be presented at the time of service. Services not covered by IDPA, such as spend down amounts, are your responsibility and payment is expected at the time of service.

Managed Care – Our physicians participate in many different plans and although our staff is knowledgeable about many of these, it is ultimately your responsibility to know. Well before you come in for your appointment, please contact your insurance company and verify that your particular plan is one in which we participate. Insurance company websites do not always contain accurate, up to date information, so please contact them by telephone instead. Also, please be sure to verify that diagnostic testing will be covered and what facility tests should be directed to (ie: Quest Labs).

Commercial/Indemnity Plans– Our physicians participate in all of these plans. These plans generally have an annual deductible and an out-of-pocket expense up to a certain dollar amount. These expenses and deductibles are the patient responsibility and are expected at the time of statement.

Co-payments – A co-payment is a fixed amount of money you are required to pay to the provider, facility, pharmacy, etc., when you receive certain services. Co-payments must be paid at the time of service. Your HMO/PPO/POS plan will require that you pay a co-payment when you see your physician, when you have chemotherapy, when you have a port flush, when you have blood drawn, injections, and/or other imaging services/procedures. Please consult your insurance plan for specific coverage information and be prepared to pay this co-payment at the time of service.

Deductibles – A deductible is a fixed amount of expenses you must pay for certain covered services and supplies before your insurance company starts paying benefits for them. Co-payments & coinsurances do not count toward your deductible. If we verify that a deductible or a portion of your deductible has not been met and we verify that your insurance will cover and allow for payment of services rendered, we will ask for the appropriate portion of your deductible to be paid at the time of service. We can make exceptions to this policy if you can provide us with proof from your insurance company that your deductible has been met for the appropriate calendar year.

Coinsurance – A coinsurance is the percentage of your insurance plan allowance that you are responsible to pay for care. Coinsurance amounts are due and payable at time of statement.

Co-payments, Deductibles & Coinsurance – To summarize, co-payments, deductibles & coinsurance represent your contracted portion and financial obligation for services rendered to you. Routine waiver of co-payments, deductibles & coinsurance is considered “misstating the fee for services rendered” and may violate federal, state and local laws and regulations such as the False Claims Act, Anti Kick-back Statutes and compliance guidelines for individual and small group physician practices as well as insurance company/participating physician contracts.

Pharmacy Cards – Please inform us if you have a pharmacy card. Certain insurance carriers require certain injectables (drugs) to be obtained from outside sources as opposed to being obtained directly through our office. Therefore, in order to prevent any unnecessary patient financial responsibility, please provide us with this information.



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Referrals – Your Insurance Plan may have specific requirements for referrals to see a physician, for diagnostic testing and/or treatments. Please review your particular insurance plan or call your insurance for those requirements. It is your responsibility to ensure that a referral is in place prior to your visit. Patients must present with a valid referral for covered services. Patients will not be seen without the referral. If a patient comes in without a referral, it may be necessary to reschedule the appointment. We will be happy to assist you with obtaining the referral. If the referral is for a series of treatments, which require numerous visits, it is your responsibility to ensure that the referral covers the appropriate number of visits to and it is your responsibility to keep track of the number of visits used and the expiration date of the referral. Should you have any questions about this information, please speak with the receptionist at the front desk.

Laboratory – Your Insurance plan may have specific rules about where your labs can be drawn. Most plans will only allow a drawing of a CBC (complete blood count) in our office. Some plans only allow CBC draws on days when chemotherapy treatment is also given. Some policies require your labs to be drawn at your PCP (Primary Care Physician) office or at a designated hospital or drawing facility. We hold a contract with Quest Laboratory, which allows us to draw and send out other lab tests, however, the types of tests allowed via this process vary depending on the particular insurance policy. Therefore, please review your policy and obtain accurate information by calling your insurance plan. **We will not be responsible for lab tests processed in an incorrect facility and you will be held accountable for any monies due as a result.**

Hospital Admissions – In the event a hospital stay is needed, please let your physician know which hospital is in your insurance plan network. Your insurance policy will most likely require pre-certification prior to your admission and this information will speed up that process.

Billing and Statements – Any questions concerning your billing statement can be answered by our staff at our Central Billing Office at 847-577-0620, Monday through Friday from 9:00am – 4:00pm. Each patient account is assigned and managed by one staff member according to the physician that patient sees. This ensures that you will always speak with the same highly competent specialist regarding your account. This design emphasizes our mission goal, to serve each person individually and to the best of our ability by allowing one particular specialist to familiarize themselves with your account and circumstance. Our staff may need to contact you regarding your account for various reasons, therefore by signing the acknowledgement of receipt of this Financial/Authorization Policy form, you hereby authorize the staff at Northwest Oncology & Hematology to contact you and/or leave a message on voice mail, answering machine or other electronic device or with a person who answers the phone in regards to your appointments, administrative and/or financial obligations to this practice. You will sign a separate form regarding authorization to contact you and/or others regarding your health and any other health-related issues. We reserve the right to charge an administrative fee to help cover costs incurred in the effort to collect on delinquent accounts and also reserve the right to forward delinquent accounts to an outside collection agency should in-house attempts prove unsuccessful. Therefore, we encourage you to make every effort to keep in touch with us regarding the status of your outstanding account.



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FINANCIAL/AUTHORIZATION POLICY FORM

ACKNOWLEDGEMENT OF RECEIPT

Patient Name _____

I hereby certify that I have received a copy of the Financial/Authorization Form of Northwest Oncology & Hematology, S.C.

I also hereby certify that I have read and understand the information and policies contained therein and duly authorize Northwest Oncology & Hematology, S.C. to execute the enclosed policies and its' terms.

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

CONTACT INFORMATION

The contact information of the patient or personal representative who signed this form should be filled in below.

Address:

Telephone:

_____ (Daytime)
_____ (Evening)