Patient Financial Responsibility Agreement

At Northeastern Nevada Radiation Oncology, we truly appreciate the opportunity to provide you with compassionate, state-of-the-art care. This Agreement identifies your financial obligations for all of the services you receive from us, including the services provided today and in the future. Please let us know if you do not understand any of the items discussed in this agreement.

- Please inform us of ANY and ALL insurance coverage you possess, and of any recent changes. This is crucial for proper billing and to ensure insurance coverage for our services, when available. We need correct and current information on a timely basis. If your insurance coverage changes, please contact our office immediately at 775-777-9550.
- If you do not have insurance, payment of 50% of the estimated treatment costs will be required before treatment starts. The front office coordinator will provide an estimate and payment options for you.
- You are responsible for obtaining any necessary referrals from your primary care physician and prior approval before the start of treatment if required by your insurance company. Please speak to the front office coordinator or contact our business office at 866-353-0360 if you need assistance.
- You are personally responsible to us for the full payment of all services you receive from us. All co-payments and/or deductibles for our services are due at the time of service. At your request, a financial counselor can provide you with an estimate of your financial responsibility for your treatment. However, please understand that an estimate is not binding and that the actual cost may be different. We accept payment for daily co-pays via cash, check or credit card.
- We will submit a claim to your primary and secondary insurance for all services that we provide to you. If we do not receive payment within 30 days of submission or your insurance notifies us that you are not covered under your insurance plan (e.g. the services were not pre-authorized), you will pay us the outstanding balance of the services. We will send you a statement for the amount due. If your account becomes delinquent, you agree to pay us for any expenses we incur to collect on your account, including reasonable attorneys' fees and collection costs. If we eventually receive payment from your primary or secondary insurance, we will refund the difference to you.
- You authorize and direct any insurance proceeds payable for services provided by us to you to be paid directly to us, and assign to us, without recourse, all interest in and rights to claim, collect and receive the proceeds from any insurance company providing coverage for our services. You authorize any insurance company to furnish to use and our agents any and all

information pertaining to your insurance benefits and the status of any and all claims submitted by us.

- We are Medicare providers and accept assignment from Medicare. However, there may be a balance due from you after Medicare pays. Medicare law prohibits us from waiving this balance.

I have read this Agreement, understand its content, and agree to its provisions.

Sign Here:_____

Date:_____

NORTHEASTERN NEVADA RADIATION ONCOLOGY
2003 Errecart Blvd, Elko, NV 89801-8333
Phone: (775)777-9550
Toll Free: (844)-401-4673
Operation Hours: 8:00 a.m. to 5:00 p.m.