



SUMMARY OF PATIENT FINANCIAL POLICY

The physicians and staff at Alaska Women's Cancer Care value the trust and responsibility you place in us to care for you. In the interest of good practice, we believe that it is desirable to establish a financial policy for our patients. Our goal is to avoid any miscommunication or concerns regarding financial matters, so that we can focus our energies on serving your health care needs. Please ask our staff if you have any questions or concerns about this.

Patients are responsible for payment for all medical treatments and services provided. Insurance co-pays will be collected at each office visit. Additional co-pays and/or coinsurance may be collected if additional services are rendered. Insurance co-pays for elective surgeries will be collected at the pre-op clinic visit.

Our office participates with Medicare, Medicaid, Tricare, VA, and other healthcare insurance plans. Please check with the office staff to verify that we participate with your insurance plan. As a service to you, we will file insurance claims for all covered services on your behalf. As a participating provider network, we will accept the insurance company's allowable payment for covered services.

Patients are responsible for deductibles, co-payments, non-covered services, and out of network services. I understand it is my responsibility as the patient to be aware of my coverage. All of the above are due at the time of check-out.

You understand and agree that you will provide a copy of your insurance card at each visit. You also understand that it is also your responsibility to immediately notify the clinic of any insurance changes.

Alaska Women's Cancer Care accepts cash, checks, Visa, and MasterCard. All payments are expected at the time of service, unless prior arrangements have been made with the billing department. Past due accounts may be referred to an outside collection service, unless prior arrangements have been made.

For non-insured patients, a representative will meet with you on an individual basis to discuss payment arrangements.

Please **sign electronically at the reception desk** that you acknowledge the Patient Financial Policy of Alaska Women's Cancer Care LLC.