SUNCOAST CANCER INSTITUTE
THE POWER TO CARE

Patient Financial Responsibility and Assignment of Benefits

All professional services rendered are charged to the patient & are due at the time of service, unless other arrangements have been made in advance with our business office. Necessary forms will be completed to file for insurance carrier payments. All unpaid balances will be considered delinquent 90 days from the date of service. Any delinquent accounts can be referred to a collection agency & will incur the cost of collection including reasonable attorney fees.

I, the undersigned, assign directly to Suncoast Cancer Institute all medical benefits to include all major medical benefits to which I am entitled, if any, otherwise payable to me for services rendered to myself and/or my dependents. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Suncoast Cancer Institute to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all of my insurance submissions.

I understand that medical treatment of an immediate nature is necessary & that such care, treatment and procedures will be provided during office hours only. I grant authorization & consent to treatment & certify that no guarantee or assurance has been made at to the results which may be obtained. I acknowledge that neither Suncoast Cancer Institute nor any of its owners, officers, directors or employees shall have any liability, whether direct or indirect, if I do not follow the prescribed course of treatment, including prescribed return visits or the failure to properly use prescribed medications and/or treatments.

Medicare Authorization
I request that payment of authorized Medicare benefits be made either to me or on my behalf to the Suncoast Cancer Institute for any services furnished me by their physicians and staff. I authorize any holder of medical information about me to release to the Health Care Financing Administration & its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made & authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown.

Important Notice from the Government:
It is unlawful to routinely avoid paying your co-pay, deductible or co-insurance payments, even if your doctor allows it. Unless you complete a "Financial Hardship" form & qualify for financial assistance under Federal Standards, you may NOT routinely evade paying your responsibility portions for medical care as outlined in your insurance plan even if your doctor allows it. You both may be charged for breaking the law. This includes services deemed as "professional courtesy" and "Take What Insurance Pays". Failure to comply places you in violation of the following laws: Federal False Claims Act, Federal Anti-Kickback Statute, Federal Insurance Fraud Laws, and State Insurance Fraud Laws.

Late Policy "10 Minute Rule"
Being late by more than 10 minutes for your scheduled appointment without notice, will require you to either reschedule or wait for the next available opening. There are no guarantees since openings due to cancellations are unpredictable. If you are being seen as a "walk-in" visit and want to see a particular provider, you will have to wait for an opening to see that provider instead of seeing the first available provider.

Printed Name:_____ **DOB:** _____

Signature:_____ **Date:** _____