

NORTHWEST ONCOLOGY, P.C.

Mohamad Kassar, M.D.

Barbara Fuller, M.D.

Sania Raza, M.D.

Maria Marrero, N.P.

Neel Shah, M.D.

Amer Sidani, M.D.

Michael Tallarico, M.D.

Rebekah Vega, N.P.

Patient Financial Responsibility Statement

Thank you for choosing Northwest Oncology, P.C. as your healthcare provider. The medical services you seek imply an obligation on your part to ensure payment in full is made for services received. This Patient Financial Responsibility Statement will assist you in understanding your financial responsibility. Feel free to ask if you have any questions. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or carries the insurance, please share this statement with them, as it explains our policies regarding insurance billing, copayments, and patient billing. By your acknowledgement of this statement and/or by receipt of medical services from Northwest Oncology, P.C. you agree:

1. You acknowledge and agree to the FINANCIAL POLICIES OF Northwest Oncology, P.C. If you have any questions about these policies, please address the Billing Department. These policies may be changed by Northwest Oncology, P.C., without notice.
2. You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for co-payments, which are due if applicable at the time of visit, deductibles and/or co-insurance amounts or any other patient responsibility indicated by your insurance carrier, which are not otherwise covered by supplemental insurance.
3. You are responsible for knowing your insurance policy and updating the office of any policy changes. For example, you will be responsible for any charges if any of the following apply: (1) your health plan requires prior authorization or referral by a primary care physician (PCP) before receiving services at Northwest Oncology P.C., and you have not obtained such an authorization or referral; (2) you receive services in excess of such authorization or referral; (3) your health plan determines that the services you received at Northwest Oncology P.C. are not medically necessary and/or not covered by your insurance plan; (4) your health plan coverage has lapsed or expired at the time you receive services at Northwest Oncology P.C.; or (5) you have chosen not to use your health plan coverage. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly.

Signature _____ Date _____

Print Name _____

Signature of Legal representative _____

Print Name of Legal representative _____