

Connecticut Oncology Group's Office & Financial Policy

Cancelled Appointments: We request a 24-hour notice if you are unable to keep a scheduled appointment so that we may offer that time to another patient. Please call our office so that we can reschedule your appointment. COG reserves the right to charge a No-Show fee. Excessive no-shows will result in possible termination from our practice.

No Insurance: We require patients without insurance to pay in full at the time of service. If you are unable to pay your balance in full, your appointment may be rescheduled until proper arrangements have been made.

Insurance: Please bring your insurance card with you at the time of your appointment. Insurance plans with which we contract with require that all co-pays be paid prior to any services being rendered. The co-pay requirement cannot be waived by our practice as it is a requirement placed on you by your insurance carrier.

You are responsible for any co-insurance, deductibles or non-covered services as required by your insurance company. Any remaining balance is due upon receipt of your first statement.

High Deductible Health Plan: Our billing department will verify your benefits prior to your scheduled appointment. At that time we will obtain the status of your deductible and/or out of pocket. The billing department will then contact you to inform you of your upfront cost that will be collected at the time of service.

Co-pays: Co-pays are due at the time of service. If you do not have your co-pay at the time of your visit, there will be a \$10.00 service charge for every co-pay that is not paid at the time of service. If you do not have your co-pay at the time of your visit, your appointment may be rescheduled.

Delinquent Accounts: Delinquent accounts may be assigned to a collection agency. All collection costs will be added to your outstanding balance. Failure to pay a delinquent account will result in refusal to schedule an appointment for you and /or possible termination from the practice.

Return Checks: A \$35.00 charge will be added to your account for any checks returned or ACH withdrawals rejected by your bank for any reason. This is in addition to any fees that your financial institution may charge you.

Disability or Insurance Forms: There will be a charge of \$15 for the completion of medical forms. Payment is due at the time that you pick up the forms. Please allow 7-10 days for the completion of these forms. If you would like the forms mailed to you or your insurance company, payment will be due prior to mailing.

Medical Records: We will provide you a copy of your medical records upon request. A signed letter of release will be required at the time of pick-up. Please allow 7-10 days for us to copy your records. If you wish for your records to be mailed, there may be an associated fee to cover the mailing costs. You may be charged for additional copies of your medical records. Rates charged are within Connecticut state statute.

If you have any questions or concerns, please contact our Billing Department at (860)358-2251

Patient's Signature

Date