



Commercial Insurance- Florida Cancer Specialists will bill insurance provided that your carrier will make payment directly to our office. Florida Cancer Specialists will attempt to bill your insurance company twice in an effort to collect payment. In the event your insurance company does not pay for billed services, the balance will be your responsibility. We will verify the insurance coverage and let you know what, if any, percentage you will be responsible to pay. Payment is due on the date of service.

Medicare- Florida Cancer Specialists will accept assignment from Medicare. You are responsible for the 20% co-payment on the date of service. If you have a Medicare supplement, we will file a claim with them provided they will make payment to our office.

Insurance Release- I authorize Florida Cancer Specialists to release to my insurance company and to communicate with hospitals and other medical providers any required information regarding services provided including; medical, psychiatric, laboratory studies, HIV testing, and other medical data related to my care. I authorize any insurer or payor to make payment directly to Florida Cancer Specialists. A photocopy of this authorization shall be considered as effective and valid for the duration of this claim.

Financial Agreement- I understand that my insurance contract is between me and my insurance company. I also agree that I am responsible for any charges that my insurance company will not cover. I understand that failure to pay my account or make suitable financial arrangements may result in my account being turned over to an outside collections agency. If this becomes necessary, I agree to pay all collection fees which include but are not limited to collection agency fees, court fees, attorney fees, and any other fees for the collection of my account balance. Further, I consent to Florida Cancer Specialists inquiries into my credit history in conformity with legitimate business needs and applicable laws, rules and regulations.

Signature: _____ Date: _____

Spouse/Guarantor: _____ Date: _____

Witness: _____ Date: _____