



## FINANCIAL POLICIES AGREEMENT

**Thank you for choosing Conway Hematology Oncology (CHO), a division of American Oncology Partners (AOP), as your health care provider.** Our physicians are committed to providing you with the highest quality care.

Prior to receiving treatment, please read and acknowledge our patient financial policies:

- You agree to provide CHO/AOP with current and accurate insurance, health care benefits program and/or other payer information, and to immediately notify us if your coverage changes.
- You agree that these policies apply to you, and may change from time to time without notice.
- You acknowledge that CHO/AOP will bill your insurance plan or program for services provided by CHO/AOP and you agree you are assigning your right to receive payment or benefits from such insurer or program to CHO/AOP and you are authorizing payment to be made directly to CHO/AOP.
- You agree you are responsible for payment to CHO/AOP of all co-pays, deductibles and co-insurance applicable under your insurance policy, plan or program. You understand that payment of such amounts is due at the time of service.
- Depending on your insurer, plan or program, some services may not be covered. If your insurance does not authorize or cover a service or treatment and you nevertheless decide to receive such service or treatment, you agree that you are responsible for payment. This applies to all payers in accordance with all applicable law and regulation and payer requirements (including any “advance beneficiary notice” (ABN) which may be applicable under Medicare).
- To facilitate payment of claims, to perform internal operations and to coordinate your care with other health care providers, CHO/AOP will use your personal health information internally and will share such information with your insurance policy and certain business associates of CHO/AOP in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable federal and state law and regulation.
- CHO/AOP owns and operates AON Pharmacy, LLC, a specialty pharmacy that provides certain pharmaceuticals that may be prescribed by your CHO/AOP physician and may be covered under your medical or pharmacy benefits plan or program (such as Medicare Part B or Part D). You are not obligated to use AON Pharmacy, LLC and may have your prescriptions filled wherever you choose. However, if you select AON Pharmacy, LLC to fill CHO/AOP-issued prescriptions, then this policy and all other CHO/AOP patient financial responsibility policies will also apply to the items and services provided to you by AON Pharmacy, LLC.
- You acknowledge that laboratory and/or radiology services may be necessary as part of your care and treatment which may be performed by CHO/AOP clinicians at CHO/AOP’s own facilities. In some cases, services may be provided by outside facilities, in which case, you understand that you may receive a separate bill directly from the outside provider.
- If you make a payment to CHO/AOP that results in a surplus on your account (e.g., a credit balance), CHO/AOP may hold that amount as a deposit against charges that are subject to ongoing claims processing or charges for scheduled future services, and CHO/AOP may apply the surplus against such pending or future scheduled charges. If a surplus still remains after applying all credits, or if at the conclusion of your care a credit balance remains which is not subject to return to your insurer or other payer, CHO/AOP will refund the credit balance to you. However, you agree that any refund under \$10.00 will be made only if you make a written request and, in any event, any credit balance under \$10.00 will be forfeited if a refund request is not received within five (5) years after the conclusion of your care.