Antietam Oncology & Hematology Group, PC

1130 Opal Court Hagerstown, MD 21740

To our patients:

Thank you for selecting our practice for your medical care. In order to prevent any misunderstanding concerning the responsibility for payment for medical services rendered to our patients, the following information is supplied:

The patient and/or guarantor are responsible for the payment for services provided by Antietam Oncology and Hematology Group at the time of service. The only exception to this is if Antietam Oncology and Hematology Group has contracted with your insurance company and will accept insurance payments in full after all deductibles/co-insurance and/or co-pays have been paid. Any co-pays not paid at time of service rendered will be subject to a $10 late charge, to include copayment. Please check with your insurance company to see if we participate with your plan. All services performed in our office and at the hospital will be submitted to your insurance, unless we have prior notification of non-covered services. All co-pays and deductibles are the patient's responsibility.

If your insurance requires a REFERRAL for services, it is solely the patient's responsibility to obtain the referral from your primary care physician prior to the time of visit. It is the patient's responsibility to track referrals and to ensure expiration hasn't occurred. If a referral is NOT presented at time of service, the patient has the option to reschedule or to pay the fee in full.

Our office accepts VISA, MASTERCARD and DISCOVER as well as cash and checks. All payments are expected at time of service and all outstanding balances are due unless prior arrangements have been made with the Billing Department. Balances older than 30 days may be subject to additional collection fees and interest charges of 2%. Should your account be sent to a collection agency for non-payment, you will be financially responsible for all collection fees and/or legal fees incurred by our office.

Returned checks will have a fee of $40 and applicable bank fees. Upon receipt of a returned check the patient will be responsible for payments made by cash only.

A minimum of $20 will be charged for forms and/or copies of medical records. Additional charges may apply for medical records requiring more than 30 pages. This is not billable to the insurance company and will be the patient's responsibility.

Signature:_____ Date:_____