



Monarch Women's Cancer Center
1140 East 3900 South Suite 340
Salt Lake City, Utah 84124
801-743-4730 Phone
801-473-4736 Fax

FINANCIAL POLICY

As your physician, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our insurance and payment policy.

We ask that all services be paid at time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately.

Medicare: We are participating Medicare providers, and we will file Medicare for you. Any service routinely not covered by Medicare (i.e., Preventative/Routine Exams) we will request that the services be paid at time of service. We request payment for the 20% of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit.

FINANCIAL AGREEMENT: We will be glad to discuss your proposed treatment and the cost of those services. If you have any questions about whether your insurance will cover a medical service, we will be glad to try and find out if the insurance will cover for those services. However, please be aware that your insurance is a contract between you, your employer (if applicable) and the insurance company. We are not a party to your contract. Unfortunately, not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as your physicians, our relationship and concern is with you and your health, not with your insurance company. **All charges for services are your responsibility at the time of the service.** If there is any balance on your account after 90 days, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact our office promptly for assistance in the management of your account.

If you have any questions regarding the above, or any uncertainty regarding insurance coverage or request for payment, please do not hesitate to ask.

I have understood and agreed to the financial policy for Monarch Women's Cancer Center.

 Signature

Date _____

 Witness

Date _____