



Specializing in the practice of
Radiation Oncology & Consultation
on Malignant Disease

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OUR FINANCIAL POLICY

Thank you for choosing Cancer Care Center as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bills is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our Information and Insurance form.

WE ACCEPT: CASH, CHECKS, VISA AND MASTER CARD

Regarding Insurance

We accept assignment of insurance benefits. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and copy of your insurance card(s). Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to you.

All co-pays are due at time of treatment. In the event that your insurance coverage changes, it is YOUR responsibility to inform this office and provide your new information and a copy of your insurance card.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area.

Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date _____
Signature of Patient or Responsible Party

X _____ Date _____
Signature of Co- Responsible Party