

## **PATIENT BILL OF RIGHTS**

### **As a Patient, I have the RIGHT to:**

1. Full information about my rights and responsibilities as a patient in an Ambulatory Center;
2. Receive an explanation of my diagnosis, benefits of treatment, alternatives, recuperation, risks and an explanation of consequences if treatment is not pursued;
3. An explanation of all rules, regulations and services provided by the Center, the days and hours of service and provisions for possible emergency care, including telephone numbers;
4. Choose the type of Medical Plan which is best suited to my situation and work with the physician members within my healthcare plan;
5. Participate in development of a plan of care including Advance Directives and have my own copies;
6. Refuse participation in any protocol or aspect of care including investigational studies, and freely withdraw my previously given consent for further treatment;
7. Disclosure of any teaching programs, research or experimental programs in which the facility is participating;
8. Full financial explanation and payment schedules prior to beginning treatment;
9. Receive professional care without discrimination, regardless of race, creed, color, religion, national origin, sexual preference, handicap, sex or age;
10. Be treated with courtesy, dignity and respect of my personal privacy by all employees of the Center;
11. Be free of physical/mental abuse and/or neglect by all employees of the Ambulatory Center;
12. Complain or file grievance with the Center Patient Representative without fear of retaliation or discrimination;
13. Confidential treatment of my condition, medical record and financial information;
14. Access to my personal records and obtain copies upon written request; and,
15. Assistance and consideration in the management of pain.

### **As a Patient, I have the RESPONSIBILITY to:**

1. Disclose accurate and complete information related to physical condition, hospitalizations, medications, allergies, medical history and related items;
2. Participate in developing a Plan of Care, Advance Directives and Living Will;
3. Assist in maintaining a safe, peaceful and efficient ambulatory environment;
4. Provide new/changed information related to my health insurance to the business office and be prepared to meet my agreed co-pay during my office visit.
5. Contact the Center when unable to keep a scheduled appointment;
6. Cooperate in the planned care and treatment developed for me;
7. Request more detailed explanations for any aspect of service I don't understand; Inform my physicians and nurses of any changes in my condition or any new problems or concerns;
8. Communicate any temporary or permanent change in my address or telephone number which might hinder contact by the Ambulatory Center staff;
9. Relate my levels of discomfort and/or pain and perceived changes in my pain management to my physician.
10. Inform my physician or nurse when I am going to need a prescription refill before my supply is gone.

# A WORD ABOUT FINANCES

As cancer specialists, we are keenly aware that modern cancer care is often very expensive. We are sensitive to this fact and will work with you to provide the most effective treatment options while keeping an eye on costs. As cancer specialists, we see all patients referred to us for care. Our goal as physicians is to provide the best medical care for all of our patients.

## INSURANCE

- Compass Oncology physicians participate with multiple health insurance plans, including most managed care plans marketed in the area.
- Compass Oncology staff can work with you to help you understand your insurance coverage and will request approvals or pre-authorizations as required by your plan.
- When you visit our office for the first time, we will set up an account and ask you to complete a New Patient Registration form.
- Please bring your health insurance identification cards to verify your coverage, and referral requirements as well as determine co-payment and pre-authorization for your plans.
- If you are covered by a managed care plan, referral by your primary care physician may be mandatory. Please notify our office of changes in your insurance coverage or primary care provider.
- At your first or second appointment, we will provide you with an estimate of treatment costs to assist you in planning for these expenses.
- We will bill your primary insurance carrier directly. In addition, we routinely bill secondary insurance as a courtesy.
- After 60 days any unpaid balances on secondary insurance will become your responsibility.
- Our office will continue to assist you with secondary insurance billing if you so request.

## POLICY

- Although insurance may pay a portion of your total charges, a balance may be due for co-payments, deductibles, uncovered services or services not paid in full.
- Co-payment amounts, if required, must be paid at the time of service and cannot be waived.
- For your convenience, we accept both Visa and MasterCard for payments on your account.
- Financial Counseling is available to help with planning for payment of any balance due.