



**Breastlink  
Financial Policy**

Breastlink is committed to providing you with top quality care. As a part of your care, we believe it is important for you to be educated about our financial policy as outlined below:

**Insurance coverage:**

If you are a new patient, please provide us with your insurance card for both your primary and secondary insurance carriers as well as a copy of your pharmacy insurance card (if applicable) at the time of your appointment. If you are an existing patient, and you have any changes to your insurance, please provide updated copies at your next scheduled appointment or contact our billing office with your updated information. You will be asked annually for a new copy of your card. If you change insurances, please inform us of the change and provide us with a copy of your new card before your next visit. In addition to the billing information on your card, it is necessary to have access to the most current information regarding pre-certification and authorizations for any services needed within our practice. You as the patient are responsible for any and all deductibles, co-insurance, and any non-covered services as deemed by your health insurance plan. Due to the complexity of care being provided within our practice, some treatments and procedures may not be considered medically necessary by your insurance carrier as a covered benefit even though we have found them to be clinically indicated.

**Secondary insurance-** as a courtesy to our patients, the secondary policy will be billed for any remaining balances after payment processing and claim review of the primary insurance. Due to the allowed claim processing time for your primary insurance carrier, please allow up to 60 days after your date of service for secondary insurance processing to occur.

**Co-payments:** Any and all co-payments are due at the time of service. A co-pay is a portion of a fee paid for all lab/ injection visits, chemotherapy infusion visits, and office visits with a Physician, a Nurse Practitioner, and/or Physician Assistant. Co-payments are a contractual fee with the health plans required to be paid by you as the patient. Co-payments and deductible fees cannot be waived or discounted.

**Patients with no insurance benefits:**

If you do not have insurance coverage, we offer a 20% discount to “cash only patients” at the time of service when payment is by cash, check, or credit card (Visa, MasterCard, and Discover). Failure to pay at the time of service will result in no discount and you will be held financially responsible for the entire cost of the service(s) provided.

**Medicare:**

Breastlink, as a Medicare provider, agrees to accept the allowed payments as determined by Medicare. The patient is responsible for any and all deductibles, co-insurance, and any non-covered services. If you have secondary insurance, your secondary insurance will be billed. Due to the complexity of care being provided within our practice, some treatments and procedures may not be considered as a covered benefit even though they are clinically indicated.

**Returned Check Policy:**

If a check is returned to us with for non-payment or insufficient funds, we will assess a \$25.00 fee to your Breastlink account and you will be billed accordingly.

**All Patients:**

My signature below represents my acknowledgement of the financial policy as outlined above. I further understand that I will be held financially responsible for any and all charges denied by my health plan and/or if I present with no insurance benefits.

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_