



- Charges:** You will be charged for the professional (physician only) portion of your radiation therapy by **Minneapolis Radiation Oncology, P.A.** at the end of your course of treatment. The facility charges will be billed by **REGIONS HOSPITAL** or **METHODIST HOSPITAL**.
- Service Date:** **There are a number of services that do not require the presence of the patient.** You may notice billing dates on your statement that you know you were not in the department. Typically, computer planning, dose calculations and physics checks do not require the patient to be in the department. Due to insurance regulations, we must bill these services the date they are rendered. **Additional copayments may be applied to these services.**
- Insurance:** We will file all insurance claims (primary & secondary), releasing protected health information, provided we have the complete and accurate information, including your signature on file.
- Copayments:** For your initial visit, a consultation or office visit charge will be billed. If you have a copayment for office visits, a copayment would apply. For your radiation therapy, all charges will be billed under radiation therapy codes. Some patients have copayments per date of treatment. Please contact your insurance to verify if you have any questions regarding copayments. All copayments will be billed to you after your insurance company processes the claim.
- Networks:** If your insurance plan requires you to see a physician who is participating in your specific plan, **YOU MUST CONTACT YOUR INSURANCE CARRIER TO VERIFY THAT OUR PHYSICIAN AND THE HOSPITAL ARE BOTH IN YOUR NETWORK.** Some examples of these plans may have the following listed on your insurance card: PCP, POS, PPO, Network, Specialty Network, or Primary Care. **GOING OUTSIDE YOUR NETWORK MAY CAUSE YOU TO TAKE ON LARGE FINANCIAL RISKS.**
- Referrals:** Many plans require referrals. If you are assigned a primary care clinic you will need a referral for your treatments. Notify your primary care physician that you will be receiving radiation therapy treatments. Please talk to the receptionist to verify that a referral is being obtained for your treatments.
- Questions:** Please contact our Business Office and/or your insurance company with any questions or concerns you may have. We can be reached at 952-920-4915, option 6 or 1-800-920-4220, option 6.

**Thank you,**

**MRO, P.A. Business Office**



**Responsibility for Account:**

When you are seen in consultation for your radiation therapy, you agree to be responsible for payment by the Patient Authorization and Consent for Services Form. Also note that if you:

- **Have insurance:** The business office will file a claim with that company. Whatever your insurance company agrees to pay will be applied to your bill. You will be responsible for any amount that your insurance does not cover.
- **Do not have insurance:** You will bear the full responsibility for payment of any clinic bill.
- **Do not have funds to pay your clinic bill:** We can offer you assistance in several ways. You should work with our patient account representative at 952-920-4915, Option 6, in a timely manner to make arrangements to resolve your bill.

**Payment Arrangements:**

You can make arrangements for payment of your radiation therapy bill during treatment. Please bring your insurance card to the clinic when you make financial arrangements. Also note that:

- Unless you have sufficient health insurance, you need to make financial arrangements.
- A patient account representative will verify your eligibility and insurance coverage based on information you supply.

**Financial Assistance:**

If you have difficulty paying your radiation therapy bill, contact our patient account representative at 952-920-4915, Option 6. We have established a financial assistance program determined by family income and based on federal poverty guidelines.