



# The Oncology Institute of Hope & Innovation

## CO-PAY & COINSURANCE POLICY

(English)

To our valued patients and families:

It is our policy to collect co-pays and co-insurance payments up front. We will verify with your insurance policy in advance any co-pays and co-insurance not listed on your card, and we will collect at the time of service. You may also be responsible for other charges that may incur at the time of service after your co-pay or co-insurance has been collected. Any coinsurance not listed on your insurance card will be collected as an approximate based on Medicare fee schedules, anything above our calculations that your insurance company has processed as allowable will still be due. You will receive a monthly statement in regards to any open balances. If you have any questions or concerns regarding your co-pays or coverage, please call your insurance company member services.

By signing below, I acknowledge and agree to the policy stated herein.

(Spanish)

A nuestros pacientes y familias valorados:

Es la póliza de la compañía obtener por adelantado el co-pago / porcentaje que su aseguranza indica. Los beneficios se verifican con su compañía de aseguranza, usted será responsable de cualquier co-pago / porcentaje basado en los tratamientos / régimen indicados por las ordenes de el Medico, y será colectado el día de su consulta. Estos beneficios serán calculados en cuotas de Medicare. Se le mandara una declaración mensual en respecto a el balance debido, si aplica basado en la correspondencia de su aseguranza. (EOB) Si usted tiene alguna pregunta con respecto a su co-pago / porcentaje o cobertura, llamar por favor a su compañía de aseguranza.

Firmando abajo, reconozco y comprendo la póliza indicada.

\_\_\_\_\_  
Patient Name (Nombre)

\_\_\_\_\_  
Signature (Firma)

\_\_\_\_\_  
Date (Fecha)

ANAHEIM

P. 714.399.0620 / F. 714.399.0621

CORONA

P. 951.372.2400 / F. 951.547.1673

DOWNEY

P. 562.869.1201 / F. 562.869.1281

GLENDALE

P. 818.334.5425 / F. 818.334.5427

LONG BEACH

P. 562.232.0550 / F. 562.232.0560

LOS ANGELES

P. 323.284.4077 / F. 323.859.9085

LOS ALAMITOS

P. 562.264.5154 / F. 562.264.5157

LYNWOOD

P. 310.667.4000 / F. 310.667.4010

MISSION VIEJO

P. 949.427.7933 / F. 949.427.9172

MONTEBELLO

P. 323.278.4400 / F. 323.278.4401

RIVERSIDE

P. 951.394.3055 / F. 951.394.3077

SAN BERNARDINO

P. 909.982.4262 / F. 909.927.8477

SAN PEDRO

P. 310.547.2445 / F. 310.547.2610

SANTA ANA

P. 714.542.0102 / F. 857.229.6879

TORRANCE

P. 310.935.4525 / F. 310.755.6317

TUCSON

P. 520.585.5800 / F. 520.585.5827

UPLAND

P. 909.906.1519 / F. 909.256.8976

WEST COVINA

P. 626.293.5183 / F. 626.214.9749

WHITTIER

P. 562.698.8888 / F. 562.698.5255