

General and Surgical Oncology Specialists of Central PA

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GSOS **OFFICE FEES & POLICIES as of 1/1/2010**

Our goal is to serve our patients in the most effective and efficient way. The following policies will explain the financial obligations for your care.

Co-payments, Co-Insurances and Deductibles: These are fees determined by the patient's insurance carrier. In order for us to participate in the patient's insurance plan we must follow the contract with the patient's insurance company. We must collect these contractual amounts from the patient as determined by their insurance carrier. It is the patient's obligation to provide to us the most up to date insurance information issued to them. We will ask at each visit to see your insurance card. If you have questions regarding your co-pay, co-insurance or deductible amounts or benefit coverage, please contact your insurance carrier by calling the number on the back of your card or by contacting your employers human resource department.

Balances and Uncovered Services: Your insurance carrier will be billed for your services in a timely manner. Every effort is made to insure that services payable by your insurance carrier to us are executed before billing the patient. Uncovered services and remaining balances not paid to us by your insurance carrier will be the responsibility of the patient. It is the patient's responsibility to know their benefit coverage. It is recommended that patients check their plans and review benefits.

Forms Management: We are happy to complete forms for our patients. Examples of types of forms would be patient disability and requests for medical leave. Please understand that this requires time for our staff to pull charts, research the required information and to complete the requested form. **Requests must be made prior to completion of any form.** Our minimum fee is \$15.00. Forms consisting of multiple pages will be charged accordingly. Our staff will discuss the fee with you prior to completion.

Requests for Medical Records: You must submit a Medical Records Release Authorization when requesting copies of your records from our office. Our staff will notify you of the fee prior to copying or releasing the records. Medical records requested by the patient will be charged the fee as determined by PA Act 26 guidelines from the Commonwealth of Pennsylvania. These fees are adjusted annually by the state. There is no fee for submitting records directly to another physician for continuity of care.

Appointment Cancellation / No Show: Our goal is to provide quality medical care in a timely manner. In order to do so we have implemented the following cancellation policy. Patients are required to provide a minimum of four (4) hours notice when cancelling any scheduled appointment. Please call us if you are unable to keep your appointment so we can give this time slot to someone in urgent need of our care and treatment.

We realize that, at times, unforeseen circumstances may prevent you from making your appointment (No Show) or adhering to the required four hour cancellation notice. As such we will observe the following: During a twelve month period:

1. First No Show / Fail to Cancel—Staff will document in your chart and we will contact you by phone. No fee charged.
2. Second No Show / Fail to Cancel—Staff will document in your chart and we will contact you by phone. No fee charged.
3. Third No Show / Fail to Cancel—Staff will document in your chart and we will contact you by phone. You will be charged a fee of \$25.00 per 15 minutes allotted appointment time. If you fail to submit payment within thirty (30) days you may be discharged from the practice.

By signing below you are agreeing to abide by these policies.

Date: _____