



Texas Oncology Patient Billing

“What our patients and families need to know.”

Texas Oncology provides both quality medical and financial care to our patients. Patient confidentiality is maintained while receiving appropriate payment for the medical care provided. The following is a detailed summary of our policies and procedures regarding patient billing.

1. Patients will receive a cost estimate from a Financial Counselor upon request if the insurance will not fully cover all services and/or the patient is underinsured or declared indigent.
2. Patients must pay co-pays at the time of service.
3. Primary, secondary, and tertiary insurance claims for services rendered will be filed by the Business Office.
4. After a payment is made by the insurance company, the Business Office will reconcile the explanation of payment. The patient will be billed for the unpaid amount unless a contract with an insurance carrier prohibits it.
5. Any claim denied due to patient ineligibility, benefit limits, or services not covered will be billed directly to the patient unless a contract with an insurance carrier prohibits it.
6. Patients should promptly notify the Business Office of any changes in insurance coverage, billing address, legal name, or referring physician.
7. Patients may also request an alternative billing address.
8. Patient billing statements will be mailed out every 30 days with a return envelope.
9. Patients under current treatment should inform the Business Office when admitted to a Skilled Nursing Facility.
10. A patient may request a patient ledger of billed charges and payments at any time.
11. Patients may pay balances online using www.texasoncology.com.
12. Checks received will be electronically processed.
13. Texas Oncology does not charge interest for amounts past due; however, the physician reserves the right to submit any unpaid accounts over 120 days to an outside collection agency.
14. Any patient balance over 60 days will receive a letter and/or phone call to either collect or to arrange a payment plan.
15. If a patient receives direct payment from an insurance company or a patient advocacy program, specifically indicated as payment for services rendered, the physician reserves the right to submit the balance due to an outside collections agency.

Questions or complaints should be directed to your physician’s Business Office at (512)528-2691.

Patients Name

Signature

Date