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# Central Coast Oncology & Hematology

Amy McMullen, MD      Michael Yen, MD PhD

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## Office and Financial Policies

### Insurance

Prior to arriving at your appointment(s), we recommend that you verify with your insurance company that your physician is contracted as a preferred “in-network” provider. Central Coast Oncology & Hematology physicians are not contracted with all insurance plans; therefore our physicians, office staff, and billing staff cannot guarantee payment from your insurance. We will make every effort to become a participating, contracted provider if not currently.

Central Coast Oncology & Hematology understands that healthcare is a complex system and reimbursement is divided into several different parts. We would like to make every effort to work with you regarding any questions you may have surrounding the services you receive; however, there may be services that your insurance company does not cover and we will be unable to re-bill or re-code for those services.

Please advise the office if any insurance or personal information has changed. Any balance that your insurance company does not cover you will be responsible for. It is the patient’s responsibility to inform the receptionist of any insurance changes and present insurance card(s) ahead of the appointment to ensure that our staff can note your chart accordingly and contact your new insurance plan.

### Co-payment/Payments

Co-pays are due at the time of your appointment. We ask that our cash paying patients be prepared to make a payment at the time of service.

### Prescriptions

If your clinician prescribes medication for treatment, take the medication exactly as it has been prescribed. If you need a refill medication, please FIRST contact your pharmacy and ask them to contact our office. This is the fastest and easiest way for you to obtain your refill. The pharmacy will send your request to us electronically as our clinicians now complete most medication refills via computer. If you want to discuss a medication, please call our office. If you are on a controlled medication, State of California law requires that we see you monthly in order to do prescription refills for you. If you use a mail order Prescription service, it is important that we have a copy of your prescription card if it is separate from your insurance card. If you have multiple prescriptions that need to be written for a mail order pharmacy, we request that you make an appointment. If your insurance plan allows, Central Coast Oncology & Hematology is capable of dispensing your oral prescriptions prescribed by your CCOH provider.

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## Abusive behavior

Central Coast Oncology & Hematology physicians and office staff work very hard to provide superior healthcare. Abusive behavior of any kind will not be tolerated and are grounds for immediate dismissal.

## Medical Debt

Central Coast Oncology & Hematology may opt to utilize a 3rd party for the purposes of debt collecting. A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

## Patient Statement

I understand and agree to follow the office and financial policies of Central Coast Oncology & Hematology. Any violation of these terms is subject to referral to a collection agency and/or immediate dismissal. I have read and understand all of the information above. I authorize and request my insurance company to pay directly to Central Coast Oncology & Hematology the amount(s) due on my claim for services provided to me. I understand that information on my care will be released to my insurance company as part of the billing process. I understand I have the right to refuse to release this information; however, my refusal may result in the inability to bill my insurance company. I further agree that should the amount be insufficient to cover the entire medical and procedure expense or be transferred to my deductible, I will be responsible for payment of the difference. If the nature of the service is such that it is not covered by my insurance policy, I will be responsible to Central Coast Oncology & Hematology for payment of the entire bill. My signature below indicates my acceptance of these terms.

## Virtual visits & Provider phone calls

I understand, when I virtually speak with my doctor or physician assistant, this may result in a claim to my insurance plan. I consent to allowing Central Coast Oncology & Hematology to bill my insurance for phone calls and or video visits with my provider.

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Signature of Patient or Personal Representative

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Date

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Print Name of Patient or Personal Representative

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Relationship to Personal Representative