

## Memorial Sloan Kettering Cancer Center Self-Pay Contract

Patient Name:	
Patient Addres	5:
Medical Recor	l Number:
Date of Self-Pa	y Contract:
an insurance p Kettering Cand Contract explain physician and deposits must responsible fo these services	Ing this Self-Pay Contract ("Contract") because MSK has determined that you do not have an that will cover the services that you may choose to receive at Memorial Sloan er Center ("MSK"). If you choose to be seen at MSK, you must agree to this Contract. This inside that you will be financially responsible to pay MSK for all charges related to the nospital services that you receive here. The Contract also explains that all required be paid before being seen at MSK for care. Please note that you will be financially these amounts, whether or not your insurance plan may separately reimburse you for in the future. Please note that you are solely responsible for any separate obligations ave to notify your insurance plan or other third parties about the services that you
	his document carefully. We strongly encourage you to ask your MSK billing specialist any may have about this Contract before signing.
diagnostic test credit card, cer	ment: MSK requires full payment in advance, prior to you seeing a physician, having , or obtaining any treatment or services at MSK. We accept payment in the form of cash, ified check, or wire transfer. All payments must be made in U.S. dollars. We require its for different stages of care that you may receive at MSK.
to be \$ your pl deposi additio	Al Consultation - Deposit: The deposit required for your initial visit has been determined], based upon your currently-scheduled services at MSK, which typically include ysician consultation, pathology review and outside radiology review. You must pay this before your initial visit. This initial deposit will be applied to your MSK account. If nal review and/or testing [of your outside records are] is needed, you may incur nal charges for your initial visit. After your initial visit, you will receive a MSK hospital and

a MSK physician bill for any additional charges incurred during your initial visit that exceed your

initial deposit amount. Please note the initial visit does not obligate you to obtain future treatment or services at MSK, nor does it obligate MSK to provide such care or services to you. b. **Additional Consultations and Diagnostic Testing - Deposit:** During your initial visit, your MSK physician may order additional consultations from other MSK physicians and/or additional tests

such as, but not limited to CT scans, MRIs, X-Rays, blood testing or a biopsy in order to

determine if treatment at MSK is recommended for you. If so, additional charge estimates will be prepared for you. A MSK billing specialist will review this estimate with you. Payment in full will be required prior to receiving these additional services.

- c. **Treatment Deposits:** Should a physician recommend treatment at MSK, such as but not limited to, inpatient or outpatient surgery, chemotherapy, or radiation therapy, additional charge estimates will be prepared for you. A MSK billing specialist will review this estimate with you. Payment in full will be required prior to receiving additional services.
- 2. **Deposit estimates**: Estimates are based on the expected treatment plan provided to us by the MSK physician and/or clinical team based on information known at the time that the estimates are provided. Please note the treatment plan may not take into consideration other possible treatments, modalities of care or other changes which may be deemed to be medically necessary in the future. Therefore, actual charges could exceed the estimated deposit; if charges exceed the estimated deposit you will receive a MSK hospital bill and a MSK physician bill for the remaining outstanding balance. Any outstanding balances will need to be paid prior to future scheduled appointments.
  - a. **Deposits for unscheduled admissions and services**: Should you be treated at or admitted to MSK unexpectedly, a MSK billing specialist will contact you or your designee to explain the estimated charges. You will receive a MSK hospital bill and physician bill with the total outstanding balance due.
  - b. **Clinical Trials:** If you are interested in enrolling in a clinical trial at MSK, you will be required to pay an advance deposit for all routine costs of clinical care associated with the clinical trial, including any monitoring tests, infusion charge, treatments, or procedures. The sponsor of a clinical trial usually pays for research-related costs in a clinical trial. You might also need to pay for medical care to treat side-effects you might experience as a result of the clinical trial. Before joining a clinical trial, you are strongly encouraged to ask your MSK billing specialist to prepare a deposit estimate which will reflect the services for which you may be financially responsible.
  - c. **Outside Services**: Deposits collected by MSK are for services provided at MSK only. Any costs associated with post-acute care and discharge planning services such as, but not limited to, home healthcare services and supplies, durable medical equipment rentals, home infusion and purchases (i.e., garments for physical therapy), or transfer to another treatment facility are in addition to and separate from any deposit estimate prepared by MSK. You are strongly encouraged to be financially prepared to arrange payment for ancillary services outside MSK.
- 3. **Billing Statements:** If charges for services rendered exceed the deposit amount prepared for you, you will receive a MSK physician and a hospital billing statement. Your physician billing statement is prepared by the Physician Billing department and includes physician charges, which are for the time, expertise and the examination/consultation provided by MSK clinicians such as your oncologist, surgeon, radiologist or nurse practitioner. Your hospital billing statement is prepared by the Patient Accounts department and includes hospital charges, which are for the use of MSK facilities, tests (e.g., labs,

radiology) and services provided by the nurses and other members of your care team who are not physicians. You will receive initial billing statements about 4 to 6 weeks after services have been rendered. Additional billing statements are sent out monthly.

- 4. **Refunds**: If actual charges for the services you receive at MSK are less than the total deposit amount received, you will receive a refund. Refunds can be calculated approximately 6-8 weeks after the end of treatment and all scheduled services. Your MSK billing specialist will work with you to process the refund. Refunds must be made to the same account and payor who made the deposit.
- 5. **New York State Surcharge**: New York law requires that patients pay a surcharge on any hospital charges that are not covered by insurance and are billed directly by a hospital. This surcharge will apply to any MSK hospital services that you receive. This surcharge will be noted as "New York State Surcharge" on your hospital billing statements.

For Patient Billing Services Department – (646) 227-3378.

International Center Patients may call the IC Patient Financial Services Department at (212) 639-4900.

## **Patient/Guarantor Signature**

I am the patient named above or a person who is serving as the financial guarantor for the patient. I have read and understand the above Self-Pay Contract and agree to the above in accordance with the terms and conditions set forth.

Patient/Guarantor Signature:		
Patient/Guarantor Name:		
Date:		