



THE UNIVERSITY OF KANSAS CANCER CENTER

Business Office Information Checklist

- 1. Patient acknowledges services are being provided by The University of Kansas Hospital.
2. The University of Kansas Hospital will bill for outpatient technical hospital services such as chemotherapy, laboratory services and supplies and equipment, and a facility charge to the insurance carrier.

The patient will receive a monthly statement from The University of Kansas Hospital (KUH) that indicates the current status of their account with applicable coinsurances*. For billing inquiries for the above listed services please call the Patient Financial Counselor at the location you are being seen. For your convenience, The University of Kansas Cancer Center/Kansas City Cancer Center (KCCC) locations and phone numbers are listed below. The Patient Financial Counselor will also be able to speak with you about payment arrangements if needed.

- 3. Patients of The University of Kansas Cancer Center/The University of Kansas Hospital will also receive a separate statement for the professional services rendered with applicable physician coinsurances.** The billing is separate from The University of Kansas Hospital and will originate from either Professional Services of Kansas University (PSKU), University of Kansas Physicians (UKP), University of Kansas Cancer Center Physicians or Mid-America Cardiology. For inquires on physician billing please contact the Patient Financial Counselor at the location you are being seen.
4. If you have an HMO insurance carrier, it is the responsibility of the patient to obtain an insurance referral authorization from their Primary Care Physician (PCP). This referral should specify The University of Kansas Hospital, name of the physician(s) being seen, the time frame being covered and the anticipated services to be provided. If you have any questions please contact the Patient Financial Counselor at the location you are being seen.

If the University of Kansas Hospital does not have a contract with your insurance company, your visit may be considered out of network. This can increase your out-of-pocket cost or result in denied services.

The values of The University of Kansas Hospital strive toward excellent, well-delivered, compassionate service for our patients every day in every way. We hope that our values will reflect in our care.

Patient Signature: _____ Date: _____

Admission Signature: _____ Date: _____ Time: _____

Table with 3 columns: Location, Phone Number, and Location, Phone Number. Includes KCCC - East, North, South, Southwest, West, and Shawnee Mission.

* Typical coinsurance liabilities for Hospital services range from \$1 - \$1132. The University of Kansas Cancer Center/The University of Kansas Hospital is a provider-based entity under Medicare regulations. This status means that healthcare services will be billed in two parts – one for the outpatient technical services/facility visit and one for the physician visit. The outpatient technical services/facility coinsurance would not be incurred with a non provider-based entity, as these services would be billed on one statement with the physician visit.

** Typical coinsurance liabilities for Physician services range from \$1 - \$111. Your coinsurance liabilities will depend on the actual services performed.

White Copy – provider

Yellow copy - patient