

# Financial Liability Consent

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Established 1978



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Per your health insurance policy, in addition to set regular office visit co-payments you, as a patient, are also responsible for chemotherapy, medicines, and medicine administration co-payments, deductibles and/or any other out-of-pocket expenses at the time of services.

Policy of our practice is to collect any co-payments and/or payments due from you **prior to any treatments and/or office visits**. For any balances that are due by a percentage owed our accounting department will calculate an estimated amount that will be due from you prior to any treatment.

Please note: after your insurance company has been billed and their final determination was made your estimated amount given to you prior to treatment could change. We will gladly refund you an over calculated amount that is owed from us back to you or we will bill you for under calculated balance due (the difference).

Please understand this policy is not optional, we are required by your health plan to collect any balances due from our patients including: co-payments, co-insurance responsibilities, deductible, out-of-pocket, lifetime benefits, etc.

**Please note: all co-payments, estimates, balances due, etc. must be paid prior to any visit or treatment.**

Thank you for your cooperation,  
Management  
Inland Hematology Oncology Medical Group, Inc.

Date: \_\_\_\_\_

Patient's name  
(Print): \_\_\_\_\_

Patient's  
Signature: \_\_\_\_\_