East Tennessee Cancer and Blood Center

Dr. A.K. Sen, M.D., M.R.C.P. (U.K.) F.A.C.P.

1406 Tusculum Blvd., Suite 2000
Greeneville, Tn 37745
423- 787-7080/423- 787-7087

110 Corporate Drive, Suite 120
Johnson City, TN 37604
423-282-0534/423-282-2064

DATE:_________________________________

Account Number: ___________________________

Account Name: _____________________________

I, _______________________________ certify that I have been informed of the following policy:

East Tennessee Cancer & Blood Center, LLC will only bill Your secondary insurance one time after your Primary Insurance has finished paying on the bill. Should your secondary insurance Not pay or pay incorrectly, you will be held responsible for the Co-Insurance as determined by your Primary Insurance.

If payment is not received with in thirty (30) days, this account Will be subjected to a 1.5% interest rate. After ninety (90) days of No payment, on the bill, it will be turned over to an outside collection agency for the full amount due plus cost of collection agency (40%), interest and court cost if this last step has to be taken.

PLEASE FOLLOW-UP WITH YOUR INSURANCE COMPANIES.

Patient/Responsible Party: _________________________ Date: ___________

Witness Signature: ______________________________ Date: ___________

Cc: File, Patient, Insurance Clerk