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**GLOBAL BILLING DISCLOSURE**

Radiation oncology services are provided by Peninsula Cancer Center, LLC (“PCC). All services which require a Washington State medical license are provided by the physicians of Washington Radiation Oncology Physicians, PLLC (“Physicians”).

Please read the following carefully and sign the bottom of this form prior to receiving services. By signing this form, you are agreeing to be responsible to both PCC and Physicians for payment. If you have any questions, please ask our office staff.

You are responsible for payment for the services you receive at Peninsula Cancer Center even if those services are provided by Physicians. Your medical insurance is a contract between you and your insurance company. It is your responsibility to know your deductible and copays. It is your responsibility to make sure that the insurance information on file at PCC is correct.

PCC has contracted with AMAC to handle all of the billing for your physician services provided by PCC and Physicians. AMAC will submit your insurance claims for you and advocate with your insurance company or third party payers. AMAC will administer your account via a team approach to ensure comprehensive and efficient handling of your insurance claims and related matters. We encourage you to communicate with our AMAC representatives. They are interested in assisting you with any questions or concerns regarding your insurance coverage and account balance. Please contact our billing department at AMAC: 1-800-228-3565 ext. 5828 (Customer Service). While AMAC will do everything within reason to assist in your insurance billing, please remember that you are ultimately responsible for any unpaid balance.

As a courtesy to you, and as is customary in the medical field, we may provide you with a combined statement for services received at Peninsula Cancer Center for (i) technical services performed by and owed to PCC and (ii) professional medical services provided by and owed to Physicians. PCC is acting solely as your agent in collecting and remitting amounts owed to the Physicians. You are liable to Physicians for its fees. Upon request, we will provide you the allocation of fees between PCC and Physicians.

By signing below, you consent to paying PCC for its services and for PCC to pay Physicians on your behalf from the monies received from you and your insurer.

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_