

# LITTLETON RADIATION ONCOLOGY

David P. Schreiber M.D.

Douglas B. Tippin, M.D., PhD

## ADVANCE DIRECTIVE

The purpose of this advance directive is to inform you of a potential and probable personal financial obligation that you may have for the treatment you will be receiving from Littleton Radiation Oncology. Although these are guidelines, it is your responsibility to know the coverage limits of your insurance.

If you are a patient with:

- A. Medicare and no supplement, you would owe 20% of the Medicare allowable (Medicare will pay 80% of the allowable).
- B. Any Medicare replacement plan (Medicare Advantage Plans) such as Aetna, Cigna, Anthem Secure Horizons, Rocky Mountain Health Plan, the portion owed by you may be the same as stated in A (above).
- C. For any other insurance plan, please be aware of the percentage that your insurance will pay, as well as the deductible or co-insurance assignment that will result in your personal obligation.

We will help you in every way to estimate the balance you are likely to owe. If necessary, payment arrangements can be made with Lori in our billing office. Please contact her directly at 303-755-2900 ext. 165 between the hours of 8:00 a.m. and 4:00 p.m.

Thank you,

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David P. Schreiber, M.D.

Date \_\_\_\_\_

\_\_\_\_\_  
Patient signature

Date \_\_\_\_\_