



Memorial Sloan Kettering Cancer Center
International Center Self-Pay Contract for Non-U.S. Residents

Patient Name: _____

Medical Record Number: _____

1. **Representation of Non-Residency:** I represent that my permanent domicile is outside of the United States, and that I am not a U.S. resident. If accepted as a patient at Memorial Sloan Kettering Cancer Center (MSKCC), I will travel to and temporarily reside in the U.S. for the purpose of receiving medical treatment. If entering the U.S. on a visa, including but not limited to a visa as a medical tourist, I understand that U.S. immigration law prohibits fraudulent statements or violation of any visa terms or other conditions which might apply to my entry into the U.S.
2. **Advanced Payment:** MSKCC requires full payment in advance, prior to seeing a physician, having diagnostic tests, or obtaining any treatment or services. We accept payment in the form of cash, credit card, certified check, or wire transfer. All payments must be made with U.S. dollars. We do not accept personal checks or checks from banks based outside of the U.S. MSKCC does not offer discounts or time payment arrangements.
 - a. **Initial Consultation-Deposit:** The deposit required for an initial consultation was determined based upon the scheduled services. The deposit will be applied between the Hospital and Physician accounts, and will be used towards the expenses related to the first physician visit. Should any physician decide that more tests or services are required, there may be additional charges. Please note the consultation does not obligate the patient to obtain treatment or services at MSKCC; nor does it obligate MSKCC to provide such care or services.
 - b. **Diagnostic Testing-Deposit:** If after the initial consultation the physician orders additional tests such as, but not limited to: CT scans, MRIs, X-Rays, or additional blood testing or a biopsy, we encourage you to contact your designated International Center Coordinator to find out the deposit requirement.
3. **Treatment Deposits:** Should a physician recommend treatment at MSKCC, such as but not limited to, inpatient or outpatient surgery, chemotherapy, or radiation therapy, the patient should contact their designated International Center Coordinator at 1-212-639-4900 to find out the required advance deposit amount. Only the MSKCC Bobst International Center is authorized to determine the required deposit amount. Fees quoted or estimates provided by any source other than the Bobst International Center cannot be considered official MSKCC treatment cost estimates and will not be honored.
4. **Deposit estimates:** Are formulated based on the treatment plan provided to us by the MSKCC Physician and or clinical team. Please take note that the treatment plan may not take into consideration other possible treatments, modalities of care or changes which may be deemed medically necessary. Therefore, actual charges could exceed the estimated deposit. Additional deposits will be needed for additional services or if the care is less than estimated, the patient will be reimbursed the account credit.
 - a. **Deposits for unscheduled admissions and services:** Should the patient be treated or admitted unexpectedly, the International Center Coordinator will contact the patient to inform them of the deposit requirement.
 - b. **Clinical Trials:** Self Pay patients interested in enrolling in a clinical trial will be required to pay an advanced deposit. The sponsor of a clinical trial usually pays for research-related costs in a clinical trial. You will be asked to pay for all routine costs of clinical care associated with the clinical

trial, including any monitoring tests, infusion charge, treatments, or procedures. You might also need to pay for medical care to treat side effects you might experience as a result of the clinical trial. Before joining a clinical trial, be sure to ask your International Center Coordinator to prepare a deposit estimate which will reflect the services you will be financially responsible for.

- c. **Outside Services:** Deposits collected by the International Center are for services provided at Memorial Sloan Kettering Cancer Center only. Any costs associated with post acute care and discharge planning services such as, but not limited to, home healthcare services and supplies, durable medical equipment rentals, home infusion and purchases (i.e. garments for physical therapy), transfer to another treatment facility are in addition to the deposit amount in the letter provided by the Memorial Sloan Kettering's International Center. The patient and family should be financially prepared to arrange payment for ancillary services outside MSKCC.
5. **Billing Statements:** Separate statements are issued by the Physician Billing Department (for professional services from a clinician) and by Patient Accounts (for Hospital related services). Memorial Hospital Inpatient Statements of Account are sent out two weeks after discharge from the hospital. The statement of account for physician services is sent out monthly. It can take up to 6 weeks to receive the first statement after services have been rendered.
6. **Refunds:** If actual charges fall below the amount deposited, a refund will be initiated. Refunds cannot be initiated until all charges have been posted (typically 5 weeks after the end of treatment and all scheduled services). Patient Accounts and the Physician Billing Department initiate refunds. Refunds will be made to the same account and payor used to make the deposit.
7. **New York State Surcharge:** The New York State Healthcare Reform Act requires that patients pay a surcharge on any hospital charges that are not covered by insurance that is being billed directly by MSKCC. This will be noted as "New York State Surcharge" on your Hospital statements.
8. **Insurance:** MSKCC does not bill foreign insurance unless it is contracted through a United States carrier. MSKCC will verify your insurance to determine if they carrier participates with MSKCC. If your insurance does participate, we will update you regarding the coverage terms and patient responsibility. If your insurance provider does not participate with MSKCC and you choose to seek reimbursement from your private insurance company, you will be expected to comply with the stipulations for a self-pay patient as outlined within this contract, independent of the reimbursement agreement you have with your provider. Please also note that you will be responsible for any differences between reimbursements made to you by your insurance company and the actual charges incurred at MSKCC.
9. **Medicare, Medicaid, and U.S. Government Subsidized Insurance Programs:** If you are not a U.S. citizen or permanent resident, you may be denied entry into the U.S. and may be subject to removal if you improperly apply for and receive government program benefits to which you are not entitled. Medicaid is a program for qualified low-income New York residents. Since your permanent domicile is outside the U.S. and you voluntarily entered into a self-pay arrangement with MSKCC, we will honor your self-pay arrangement. Patients sometimes receive misleading advice or are encouraged to enroll in U.S. federal or state government insurance programs. This delays treatment and can jeopardize a patient's ability to receive treatment. Should your status change please notify your International Center Coordinator.

I have read and understand the above Self-Pay Contract and agree to the above in accordance with the terms and conditions set forth.

Patient/Guarantor Signature: _____

Date: _____