

SURGICAL ASSOCIATES, L.L.P. FINANCIAL POLICY

The doctors and staff of Surgical Associates are concerned about the costs of your health care. Great care has been taken in setting our medical fees. We assure you that our charges accurately reflect the complexity of the care rendered, as well as the skill and expertise required for your care. Our fees are comparable to the fees of other healthcare providers in our area.

INSURANCE

Our policy requires payment for office visits at the time of service. As a courtesy, we will file your insurance claims. Of course, this is dependent upon our office staff receiving current, accurate and detailed insurance information from you. In the event you are scheduled for what we term an “elective” procedure (including but not limited to sterilization or fertility procedures deemed cosmetic & gastric bypass procedures), your deductible and co-insurance are required prior to the date of surgery.

Please remember our agreement is with you and not your insurance company. Although we will assist you in submitting claims to your insurance carrier, you are ultimately responsible for payment of the services you receive. Payment to our office is not dependent upon your insurance carrier. The remainder not paid by your insurance company is your responsibility.

HMO and **PPO** members: Please verify that we are a provider with your plan. Referral information or prior authorization required by your insurance carrier for office visits is the responsibility of the patient. If this is not done prior to your visit, the HMO or PPO may not pay, and you will be responsible for payment in full.

A collection agency may take over delinquent accounts. If your account is placed with a collection agency, you will be responsible for all costs of collections. Once your account has been turned over for collection, we will no longer provide medical services for you or your family members. We will be happy to set up payment terms if necessary. Timely payment will prevent unnecessary consequences.

If you have any concerns or questions regarding our financial policy or insurance reimbursement issues, please feel free to discuss this with a member of the Patient Accounts Department.

I have read and understand the payment policies and my financial responsibilities regarding the services of Surgical Associates.

Signature

Date