



SURGICAL ASSOCIATES, LLP  
GRINNELL

## FINANCIAL POLICY

The providers 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.

### FOR OUR PATIENTS WITH MEDICAL INSURANCE COVERAGE

We participate in **MOST** major health plans. Please verify with your insurance carrier 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 the payment in full.

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, your deductible and co-insurance are required prior to the date of surgery. Elective procedures include but are not limited to sterilization/fertility procedures, bariatric procedures and any cosmetic procedures.

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 of the balance not paid by your insurance carrier is your responsibility.

**Co-Payments.** Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. For your convenience we accept cash, checks or credit card. Additionally, you may have coinsurance and/or deductible amounts required by your insurance carrier.

**Delinquent Balance.** Patients with a delinquent balance are required to make payment in full prior to any procedure. A delinquent balance is defined as a patient balance in excess of 60 days. If such payment is not made, we may reschedule your procedure.

**Nonpayment.** All patient responsible balances that remain delinquent after 60 days, with no response to our request for payment may be referred to a collection agency. 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 have the right to refuse service to you and/or your immediate family members.

**Payment Plan.** Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on your financial hardship.

### FOR OUR PATIENTS WITH NO MEDICAL INSURANCE COVERAGE

If you do not have group or individual medical insurance, payment for all services is expected at the time of service. We do offer discounted fees for payments made in full on the date of service.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_