

### PATIENT FINANCIAL POLICY

# Thank you for choosing us as your health care provider.

Please understand that payment of your bill is considered your responsibility. The following is a statement of our FINANCIAL POLICY.

WE REQUIRE ALL PATIENTS TO COMPLETE OUR INFORMATION FORMS BEFORE SEEING THE DOCTOR. It is the policy of Surgical Associates that full payment is due at the time of service. For your convenience we accept cash, checks or credit cards.

Please ask to speak with our Financial Counselor or someone in our Business Office prior to seeing the doctor if payment arrangements are necessary.

#### **INSURANCE**

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will automatically file claims to your insurance company for all office visits, outpatient and hospital services provided to you by our physicians. Copayments will be collected at the time of service. You may be required to pay your deductible and coinsurance prior to your surgery or procedure. If you do not have your insurance card with you at the time of your visit, you will be expected to pay for your visit at the time of service. Please remember it is your responsibility to keep us informed of changes in insurance status or changes in your address. If your insurance requires an authorization from your primary care physician prior to seeing one of our physicians, it is your responsibility to obtain that authorization.

As a courtesy, Surgical Associates verifies your coverage and benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan. Accepting your insurance does not place all financial responsibilities onto this practice and you will be held accountable for any unpaid balances by your plan.

# **NO INSURANCE COVERAGE**

Payment is due at the time of service or prior to any surgery or procedure unless prior arrangements have been made.

HOSPITAL, LABORATORY, RADIOLOGY AND ANESTHESIA SERVICES WILL BE BILLED SEPARATELY BY THOSE PROVIDERS. SURGICAL ASSOCIATES WILL BILL, FILE CLAIMS AND COLLECT FOR SURGICAL ASSOCIATES' PHYSICIAN SERVICES ONLY.

# **DISABILITY AND FAMILY MEDICAL LEAVE FORMS**

Surgical Associates will charge a fee to complete disability and Family Medical Leave forms as required by your insurance company or employer. Fees must be paid at the time the completed forms are mailed on your behalf or given to you for distribution. Please check with our business office for the fees associated with completion of these forms.