

**FINANCIAL POLICY**

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and understanding of our payment policy.

Payment for services is due when services are rendered, unless the Business Office Manager has approved payment arrangements in advance. Medicare patients would be responsible for the 20% and any deductible amounts due. Managed care plan patients are responsible for their co-payments/deductibles and non-covered services, as stated in their contract. We accept cash, checks, Mastercard, or Visa. We will be happy to file your insurance as a courtesy to you for reimbursement.

Checks returned for Non-Sufficient Funds will be subject to an additional fee of \$30.00.

You however must realize that:

- Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract; only to the contract we may have with that particular insurance.
- Our fees are considered to fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage of "U.C.R.". "U.C.R." is defined as usual, customary, and reasonable fees for this region. Thus, most companies consider our fees U.C.R..
- This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost in this area.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as an ambulatory surgical center, our relationship is with you, not your insurance company (except the managed care plans). While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our Business Office Manager promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us; we are here to help you.

\_\_\_\_\_  
Patient/Guardian/Guarantor                      Date                      Relationship

\_\_\_\_\_  
Witness    Date

**Patient unable to sign because:** \_\_\_\_\_

\_\_\_\_\_  
Witness    Date