

Fish Pond Surgery Center

PATIENT FINANCIAL POLICY STATEMENT

The purpose of Fish Pond Surgery Center's Financial Policy is to offer **assistance** and **information** to you in dealing with your surgical bills. We recognize that medical expenses are often large, unplanned, and create stress at a time when your primary concern is health rather than financial issues. It is our goal to limit the amount of stress to our patients during their encounter with us.

You, as a patient, or as the patient's representative or surrogate, have a right to a **full explanation of charges** for facility services. You also have the responsibility for **payment for services received**.

If you have insurance, it is your responsibility to provide us with the necessary information to bill your insurance company. This includes a copy of your insurance card, insurance mailing address, your policy and group number, and the name and date of birth of the subscriber.

Our Insurance Analyst and Patient Accounts Coordinator are prepared to provide patients with any assistance or resources possible in making payment arrangements for services. We will answer any questions regarding fees for services. We ask that patients recognize their responsibility to understand what services their insurance covers as well as what documents are required to assure that payment is made. The financial arrangement is for our center **ONLY**. Surgeon's charges as well as anesthesia charges are **SEPARATE** and will be billed by their offices.

Fish Pond Surgery Center has several payment options available in order for us to help you with your financial obligations. There are no administrative fees for accounts that remain current. If payment is **90 days** past due, failure to establish a mutually agreeable plan will result in a ***FINAL NOTICE*** letter and request for payment in full. If satisfactory arrangements are not made within 10 days of this letter, your account will be assessed a 25% bad debt fee and placed with a collection agency. Delinquent accounts that are placed with collections will incur all collection costs including legal fees. Fish Pond Surgery Center will not be held responsible for any collection agency or legal fees. A bad debt account with Fish Pond Surgery Center can affect your ability to use our facility in the future.

Our goal is to have your claim with the insurance company paid within 45 days. It is also our goal to have the patient portion paid in full and the account closed within 6 months.

You are expected to pay your *copay* or estimated percentage of coinsurance at the time of registration.

If payment arrangements are needed, and have not been made before the date of the service, please request a conference with the Patient Accounts Coordinator to determine what will be acceptable.

Estimated charges due at this time \$ _____

Additional charges incurred may be billed to the patient after insurance pays your claim. If overpayment occurs, monies will be refunded to the patient within 30 days of an insurance payment.

Do you need to speak with the Patient Accounts Coordinator? (circle) YES or NO

(patient / guarantor's signature)

(Date)

Fish Pond Surgery Center

X _____ “By initialing here I acknowledge that I received, read, and understood this financial policy statement.”

(patient / guarantor's signature)

(Date)